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## EDITORIAL COMMENT

### SHALL WE HAVE AN ARMY SCHOOL OF NURSING?

It has been understood, all the year, that the whole programme of the three associations at the convention was to be devoted to conditions due to the war, and almost every paper read or discussion held, was in some way concerned either with home conditions because of the war or with war conditions in which nursing interests were involved.

The two papers which were of greatest importance were those presented by Colonel Winford Smith in which he submitted plans for an army school of nursing and by Dr. Goldwater, entitled A Nursing Crisis, in which he advocated the employment of nurses' aides as they have been trained for the past three or four years through the educational committees of the Red Cross.

Colonel Smith's paper represents Miss Goodrich's plan which has been worked out since her appointment in the Surgeon General's office and in which she has had the assistance of both Miss Delano and Miss Thompson of the Army Nurse Corps. We have not a copy of this paper before us and quote from memory, but the plan as we understand it is, that there shall be organized an army school of nursing for a very carefully selected group of women, nurses' aides and others who would give their services during the war, to be accepted and trained as are probationers in our schools, to be turned back into the civil hospitals during their third year for service in those departments which cannot be obtained in army hospitals,—care of women and children, obstetrics, gynecology, etc. The standard of admission would be a four years' high school course with a diploma, the age of admission from twenty-one to thirty-five. It is the intention also to work out plans for affiliation with certain types of civil hospitals. The three national associations have endorsed this plan by a large majority.

In Dr. Goldwater's paper were given interesting statistics of the number of beds now available for the sick and wounded of the Army and the Navy, of the number that will be available, and an estimate

that ultimately the Government will need 50,000 nurses to serve over 400,000 sick and wounded. Dr. Goldwater's argument is that the country cannot spare this number of nurses from civil life, that the proposed army school would divert large numbers of applicants from the training schools, that the work at home will very seriously suffer, and that such an army school would leave the country at the close of the war with a surplus of nurses which would work great hardship to the members of the nursing profession. He asserts that the women of the leisure classes are the only labor reserve of the country, that they are willing and eager to serve and should be permitted to do so.

While Miss Delano, as head of the Red Cross Nursing Service, was a member of the committee which has drawn up the plans for the army nursing school, as has already been mentioned, she believes that all the resources of the country which can be brought to meet the situation should be gathered and will be needed if the war continues for a period of years. She does not repudiate her pledge to the Red Cross to train the lay women who might in time of war give voluntary service to the country as nurses' aides, a pledge carried out through the coöperation of thousands of nurses who have served as members of committees and as instructors of classes in elementary hygiene and home care of the sick which have been held pretty generally throughout the country for the past three or four years. We are with Miss Delano in this, for the pledge given to the Red Cross by the group of women called into conference on November 14, 1912, in New York City, and reported in the JOURNAL for December of that year, was as serious a one as has ever been given by one group of women to another. Although there was then no prospect of war, it was the distinct understanding that these women were to be prepared to serve should war occur. There were present at this conference, Miss Delano, Miss Nevins, Mrs. Tice, Miss Nichols, Miss Maxwell, Miss Palmer, as members of the National Committee, and by invitation, Miss Wald, Miss Goodrich and Miss McIsaac.

Before the close of the convention in Cleveland an official telegram had been received from the Surgeon General's office stating that the plan for an army school of nursing had been rejected by the General Staff. The joint boards of the three national organizations held a final conference on receipt of this news and appointed a committee to make an appeal for further consideration of the plan.

Our own feeling, as expressed in the open meeting, is that the great army cantonments containing from 20,000 to 50,000 soldiers do not form the proper environment in which to train inexperienced, unsophisticated young women who are at the age when they are most susceptible to the attraction of the men in khaki, not that they would

be in any danger while on duty in the army hospitals under the supervision of instructors, but that they could not be controlled, any more than the enlisted men can be controlled, when outside the military boundaries of the camp.

The answer to these objections given by those favoring the Army School of Nursing is: First, that many more applications would be received than could be accepted and that the surplus would be turned back to the civil hospitals until vacancies arose or new army schools were opened. Second, that the pledge made to the women trained as nurses' aides would be fulfilled by giving them a full training instead of several years of service with no recognition at the end. Third, that inevitably these women are to be part of the personnel of our army hospitals and that they can be kept under better control as students than as volunteers.

We know that nurses have been slow in responding to the call for service, but with only 10,000 in the different departments of military service, and with our survey showing 80,000 graduates, we believe there are large numbers who have not been reached. We are not willing to concede that the nursing profession has failed, as has been implied by both Dr. Smith and Dr. Goldwater, at least until we can know the result of the Red Cross drive for enrollment for which preparations have been going on for months and which is to take place during the month of June. This drive has been held back for the Y. M. C. A., for the Liberty Loan, and for the campaign for Red Cross membership, yet this drive for the Red Cross Nursing Service is one of the most vital that the country has to consider.

Undoubtedly this whole question will be settled before this issue of the JOURNAL is in the hands of our readers, but it is a matter of nursing history which should be recorded here.

#### OTHER ASPECTS OF THE CONVENTION

In spite of war which has drained our cities of so many nurses and in spite of the heavy tasks laid upon those who remain behind, the twenty-first annual convention of the American Nurses' Association and the last to be held under the old plan of membership, had a greater recorded attendance than any which preceded it. One thousand four hundred thirty-five nurses were registered as in attendance, and if the evening meetings could have been canvassed, too, we should probably have a record of hundreds more. The Committee of Arrangements had planned for 1200 at the utmost, and it speaks well for their adaptability that there was no greater inconvenience from the unexpected crowd than a hurried carrying of chairs from one room to another in order that no round table need be held on the floor. There

was great coöperation between the Cleveland people in general and their nurses in the matter of publicity, of drives, of evening meetings and of pleasant teas. The convention was a serious one, as beffited the occasion, those in attendance spent their time in listening to papers or in participation in discussions, formal or informal, yet all felt the pleasant atmosphere of good fellowship and of welcome and all could leave the city with a wider view of the profession they had chosen and with a higher ideal for their own share of the work to be done.

It was good to see many of the older and well known women; it was equally good to see the eager young faces of those who had come for the first time, those who are to carry forward the work now established or just beginning.

The evening meeting devoted to the Red Cross, the Army and Navy was like a beautiful pageant, for pupil nurses came marching in uniform, Red Cross nurses attended in a body and were beautiful to behold, while individuals were dressed in the various uniforms provided by the Army, the Navy or the Red Cross for various types of service. Boy Scouts carried flags, a service flag was unfurled, patriotic music stirred the soul, and the addressees were worthy of their setting. It was one of the pictures that linger in the memory when the details have become dim.

Everyone went home tired because everyone wanted to attend all the meetings there were. There is no use in our objecting to conflicting engagements, our associations have grown too large to make it possible to have one long programme with no two sessions interfering. Just as long as there are so many topics to be discussed and just as long as people demand that all shall be included in a single convention, just so long shall we have to have concurrent sessions and the bewildered delegate will have to choose which of the many attractive sessions she shall attend. Certainly it is better to have an embarrassment of riches than not enough to pay for the coming.

The reorganization seems to be going cheerfully forward. It is certainly a tribute to the fair and convincing way in which Miss Goodrich has presented the plan and to the patience and clearness with which Miss Sly has worked it out that we have at this time twenty-five states ready to take their places in the new scheme while the rest are following and will not be long in making the final adjustment.

The August JOURNAL will contain the proceedings of the American Nurses' Association and the papers of this and many of the joint sessions.

**LEGAL REBUKE FOR SLANDERING MILITARY NURSES**

In a recent decision of the Federal Grand Jury handed up to Judge Augustus N. Hand in the Federal District Court sitting in New York City, Dr. Emma B. Culbertson, senior surgeon of the New England Hospital for Women and Children at Boston, Mass., was severely arraigned for statements made at Vassar College, in Poughkeepsie, N. Y., seriously reflecting on the morals of Red Cross nurses in France.

Various stories have recently come to the notice of the Federal Grand Jury, to the effect that frightful and scandalous conditions attend the Red Cross nurses in the American hospitals in France, and Dr. Emma B. Culbertson is alleged to have said, typical of such statements, "It is a matter of common knowledge that 200 beds have been reserved in the Sloane Maternity Hospital, New York City, for Red Cross nurses who were returning from France and expecting immediate confinement."

The Grand Jury was asked to investigate this statement on the ground that if true, the military authorities, in failing to safeguard the nurses in the service of the United States Army abroad, were guilty of gross neglect; and if false, it would constitute a violation of the espionage act. They found that Dr. Culbertson had absolutely no knowledge or information upon which to base her statement, that the statement was entirely without foundation, and that no Red Cross nurse has returned to this country from foreign service in such condition. Dr. Culbertson admitted that the statements were without foundation, and the jury excused her of vicious intent.

But the judge in addressing the jury, significantly said:

In future matters of this sort where the statements are recklessly untrue and in the absence of adequate explanation you will be justified in judging them as wilful violations of the law.

These statements are to be severely deprecated, especially in view of the circumstances under which they were uttered in the presence of young women eager to go abroad to serve as nurses. They discouraged the enlistment of nurses and were most reprehensible and disgraceful.

The jury also considered the story investigated by the *New York World*, of two Belgian girls who had come to New York with their arms amputated and their tongues cut off, and were then taken to a maternity hospital. The *World* denounced this story and explained that it had published it because "persons of intelligence and high motives" had accepted it as true and assisted in spreading it. The Grand Jury found this story, also, to be without the slightest foundation.

It may be of interest to our readers and to nurses generally, to know in what way the court proposes to deal with such slanders in the future.

**THE RESPONSE OF NEW GRADUATES**

One of the interesting developments which has come from this war is the enrollment for war service of an entire graduating class. Our attention has already been called to two that have responded in this way: the graduating class of the Physicians' Hospital of Plattsburgh, N. Y., and that of the Park View Sanatorium, Savannah, Ga. Doubtless there are many in which a very large percentage is enrolling. We know that 80 per cent of the class just graduating from St. John's Riverside Hospital, Yonkers, is enrolled for such service. One school of very high standing has offered to lend its senior class for the entire third year, for military service. Superintendents of training schools can do much to help meet the demands of the Army, by seeing to it that all their graduates who are qualified for army service, are strongly impressed with the need.

**PLANS OF THE INTERSTATE SECRETARY**

The Interstate Secretary, after being in Vermont for the state meeting, May 31st, and at Plattsburg, N. Y., for graduating exercises, will go to Illinois for a meeting of the second and third districts at Elgin, June 8th. During July and August she will make her itinerary for the early fall and winter, so requests for her visits should come in promptly.

**THE MAY JOURNAL**

A large portion of our mail at this writing consists of complaints regarding the non-arrival of the May JOURNAL, some courteously expressed as a gentle reminder, some telling us in the most bristling manner that this is a nice way to conduct our business. To all, our answer is,—War. The printers have all gone to work in the munitions factories and it is a wonder there is any May JOURNAL at all. We are exceedingly sorry that it is late, we are sorrier that we ever prided ourselves on getting the magazine out on time. All we can promise for the future is our utmost endeavor to have it issued promptly, but for ourselves and our subscribers we would counsel patience.

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Extra copies of the special military nursing number may be ordered from the JOURNAL office, 45 South Union Street, Rochester, N. Y., for 35 cents each. Foreign postage, 6 cents extra.

## MEASURES APPLICABLE TO NURSES IN THE PREVENTION OF CONTAGIOUS DISEASES<sup>1</sup>

BY GEORGE H. WEAVER, M.D.

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We shall limit this paper to the consideration of some measures which are effective in protecting attendants from the contagious diseases of their patients. Among the contagious diseases we now place not only the eruptive diseases and diphtheria, but also pneumonia, epidemic meningitis, and acute poliomyelitis. Doubtless our epidemics of "colds" and "grippe" are spread by contact. To consider our problem intelligently it is essential to have a clear idea as to how the diseases in question pass from one person to others. In most instances the material which carries the contagious principal is secretion from the lungs, bronchi, throat, mouth and nose. It is by the passage of this material, containing the specific agent, from the sick to the well that the disease is transferred. Usually the infecting substance must enter through the nose or mouth, either lodging and multiplying upon the local mucous membrane or being swallowed. In some instances secretions may escape from the sick person, become dried and pulverized, and in the form of dust be inhaled by healthy persons. Most disease germs do not withstand this process of drying, especially if exposed to sunlight, but a few escape and may be able to cause infection when inhaled. The role played by dust as the vehicle of infectious agents is now considered a small one compared with that occupied by fresh moist materials.

In some instances the moist secretions are forcibly driven in the form of minute droplets through the air from the sick to the well. This is accomplished by coughing, sneezing, laughing, spitting, etc., and naturally can succeed only over short distances, as from two to three feet. This is the way in which nurses and attendants are occasionally infected while caring for the mouths and throats of patients and this was the frequent method of transferring diphtheria to doctors and nurses in pre-antitoxin days when local measures of treatment, such as swabbing, etc., were relied upon. By this means various infections are spread when persons are crowded closely together, as in street cars, elevators, etc.

Often moist infectious material is transferred by direct contact, as in kissing, or is taken up and carried mechanically by some inter-

<sup>1</sup>Read before the medical staff and nurses of Evanston Hospital, February 20, 1918.

mediary agent. These intermediary carriers comprise a great variety of objects, such as eating and drinking utensils, pencils, toys, hands, pet animals, etc.

There is still another method by which infections are spread, in which the infectious materials do not pass directly from the sick to the well, but find conditions outside the body in which they live and even multiply and eventually again give rise to disease in susceptible individuals. This growth outside the body may occur in certain foods which are eaten uncooked, such as milk, oysters, etc. Such contaminated foods give rise to extensive outbreaks of certain infectious diseases such as typhoid fever, and septic sore throat.

In recent times we have heard much of "carriers" in connection with the spread of infectious diseases. These carriers are persons who harbor disease-producing bacteria, usually upon certain mucous surfaces, but are not affected by them. An example of a carrier is a person who has recovered from diphtheria and who is immune to the disease, but who, for a long time, has diphtheria bacilli upon his tonsils. The bacilli in this case are essentially outside the body and continue to live and multiply in the secretions upon the surface of the mucous membrane. From such an individual the disease may spread as from a person sick with the disease. Persons who are closely associated with cases of contagious disease, although immune themselves, may become carriers. This often is true of cases of diphtheria, and apparently also of those closely associated with epidemic meningitis and pneumonia. There is much reason for believing that carriers play a considerable part in the dissemination of these.

To summarize, contagious diseases are spread through the secretions from the diseased person, which hold the specific agent causing the disease. These secretions are transmitted from the sick to the well: 1.—In dust by inhalation; 2.—In a moist state, A—In droplets through the air, B—By direct or indirect contact; 3.—After growth outside the sick person, A. In foods, B. By Carriers.

Coming now to the measures to be used in protecting from infection those who care for cases of contagious diseases, we find that they embody the practical application of our knowledge of the means by which these diseases are spread.

Until recent years the principal protection of a nurse against contagious diseases was her personal immunity, either natural, or acquired from former attacks of disease. It was even urged that only those who had passed through an attack of scarlet fever or who were over thirty years of age should be allowed to nurse persons sick with this disease. With intelligent use of all the protective measures now

available there is no more, and apparently there is less, likelihood of a nurse contracting contagious diseases when caring for patients sick with them, than when doing general hospital nursing. The nurses sick with scarlet fever who are treated in Durand Hospital come from various general hospitals but have rarely been taking care of recognized cases of the disease. We go so far as to tell our nurses that, barring accidents, if they contract scarlet fever or diphtheria they are themselves to blame through faulty technique.

The first line of defense against infection and the one most proof against accident is a condition of individual immunity. This may be natural or acquired. It is well known that some persons never contract certain diseases, however much exposed. They are naturally immune. Immunity of a permanent character follows an attack of the contagious diseases in almost all instances. This is acquired immunity. We are able to produce immunity against certain diseases through vaccination. The best known is vaccination against small-pox. This furnishes a perfect protection and only ignorance has prevented the complete eradication of the disease. Of course, all nurses should be protected by vaccination against small-pox. More recently, vaccinations against typhoid and paratyphoid fever have been perfected and through their use these scourges of army camps have been eliminated. This protection should also be given to nurses who have to do with the care of sick people.

Protection against diphtheria may also be secured either immediately, by injection of antitoxin, or after an interval through diphtheria vaccine. In the Durand Hospital we had nine cases of diphtheria among sixty-nine nurses during twenty months, i. e., 13 per cent. We then began applying the Schick test to all nurses and to those who proved to be susceptible to diphtheria, we gave an immunizing dose of antitoxin. This was repeated every three or four weeks. During the three years since instituting this procedure only three very mild cases of diphtheria have developed among 116 nurses, i. e., 2.6 per cent. Two of these were due to neglect in retesting nurses who were very near the end of their service.

The diphtheria vaccine, or toxin-antitoxin mixture, is not applicable to our circumstances as the immunity often requires several weeks to develop. In conditions where the testing and immunizing could be done some weeks in advance of taking contagious service, the systematic use of the toxin-antitoxin mixture to immunize all who give positive Schick reactions would be the ideal method to follow. The immunity produced in this way often lasts a long time, usually for several years and sometimes for life.

These specific means of defense are applicable to only a few dis-

eases. In all other cases we must depend on measures designed to prevent the transfer of infectious material from patients. All secretions should be collected and destroyed. None should be allowed to become dry and capable of dissemination in dust. The clothing should be covered by a suitable gown and the hair completely covered by a linen cap. The most important single item in the conduct of nurses and attendants is the careful and thorough cleansing of the hands with soap and warm water whenever a patient has been handled, and always on going from one patient to another. While on duty the hands should never be put to the face or hair. Thorough cleanliness by means of soap and water has entirely replaced the use of antiseptic solutions for the hands in our hospital; in fact, antiseptic agents are rarely used for any purpose and fumigations are never employed, except for some articles of clothing which cannot be sterilized by steam. Perfect individual technique would not allow any infectious material to be carried from the patient to the mouth or nose of the attendant.

Nurses may become carriers of disease germs, especially of diphtheria bacilli, even when they are immune to diphtheria. They thus become active agents in spreading diphtheria bacilli although never sick. In Durand Hospital, during nineteen months we had ten carriers among forty-three nurses, i. e., 23.25 per cent. During the following eighteen months, gauze masks were worn by the nurses when caring for cases of active diphtheria, and but six carriers have appeared among seventy-three nurses, i. e., 8.2 per cent. During twenty-seven months, nine cases of scarlet fever developed among 112 nurses, while after face masks were systematically worn, no cases of scarlet fever have appeared among seventy-three nurses during eighteen months. Since the masks have been worn there have also been fewer cases of tonsillitis, rhinitis, etc. The masks consist of a double layer of gauze, so shaped as to cover the mouth and nose, and secured by two tapes behind the head. We have found by experiment that the double layer of gauze will filter out most of the bacteria thrown into the air by patients in coughing. We believe the mask is a valuable protection and advocate its being worn in caring for patients with much secretion, especially in persons who cough. It should be very useful to those caring for cases of pneumonia, epidemic meningitis and pulmonary tuberculosis, as well as the usually recognized contagious diseases. The mask not only helps to protect the attendant from contracting disease, but also prevents the production of carriers who are probably of much more importance as spreaders of infections than we have realized, especially in diphtheria, meningitis and pneumonia.

## A NAVY TRAINING CAMP IN CALIFORNIA

BY ANNIE MILLER, U.S.N.R.F.

*San Diego, California*

After reporting in San Diego I was assigned to duty in the camp where the convalescents and some patients with minor infectious diseases are quartered. The boys slept in the tents, but had their mess tables in the open air and sunshine; and whatever may be my opinion of California in general, the sunshine is delightful.

Back of the camp was a rose hedge, and on the other side of the hedge an orange grove. In idle moments I used to ponder as to the chances of making a hole in that hedge. Hard by the front of the camp was a driveway, and the sailors and I seemed to furnish a never-ending source of amusement to passers-by. In fact, I seemed to come in for more than my share of their scrutiny, perhaps, as I laughingly remarked: "Because there weren't so many of me."

The normal American boy, as I have found him, is a resourceful individual—healthy, mentally and physically; and sometimes in contemplation of these sons you unconsciously catch your breath in admiration of American mothers.

With the advent of cooler days came an increase in the sick list, and increased work for both hospital corps men and myself. Then came measles. It is astonishing how many grown men haven't had measles, isn't it? Or having had it once, proceed to have it again for the second or third time? This was at Christmas time, and not the least of the nurse's work at that season was trying to introduce a little holiday spirit into the camp, and make things as cheerful as possible for those in quarantine. The friends at home did nobly though, for most of the boys received a number of letters and packages. The Red Cross very generously sent packages also, and the pleasure of the sailors who received these fully justified the trouble of the ladies in preparing them. Even the oldest ones evinced no less pleasure in opening these packages, for after all, "men are only boys grown tall" and that is the plane on which you unconsciously place all these sailors when nursing them.

Then came the never-to-be-forgotten month of January, which I spent on night duty. An increase of work and responsibility came with the ever-increasing sick list, as was to be expected in the rainy season. Now, as never before, I felt that I was really doing a service for my country. It was a part of my duties to make rounds regularly in the camp at night. The passing of the sentinel in the darkness; the rows of tents, all so silent now, brought a vivid realiza-

tion that our country was really at war; why you could almost imagine you were "over there"; and then the return to the hospital ward to spend, perhaps, the greater part of the night by the bedside of some mother's son who was bravely fighting his last fight; or, more happily, as the hours passed, to stand by one and feel that he had passed the crisis and would soon be strong and well again. But, always, you were so glad to see the sun appear over the eastern mountains and to know that your watch was ended.

No nurse who loves her work would fail to find full enjoyment in caring for these boys in the Navy at this time. So much has been and is being said about our soldiers, and so little about the sailor, that sometimes, we who know him better, grow quite jealous for him. His chances are just as great, and his work, while not so spectacular, is quite as important.

The work of the nurse is made easier by the capable, intelligent aid rendered her by the majority of the hospital corps men. I find these boys, for the most part, patriotic, earnest, and interested in their work. They, together with the sailors of other ratings, are longing for their chance to be sent "over there."

And we nurses who entered the service hoping to be detailed within sound of the firing line, while biding our time, find it no task but a privilege to do not our bit, but our best, for these boys who have so nobly given their all to their country.

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### THE PREPARATORY COURSE<sup>1</sup>

BY HELEN L. BRIDGE, R.N.

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It is not the purpose of this paper to deal with the entire course of study, but rather to discuss that period of training which makes up the so-called preparatory course. Such a course, occupying from three to six months of the pupil's first year in the school, is designed to give her a more thorough preparation for the heavy responsibilities attached to ward work and for more complete theoretical instruction later in her course. During this period the pupil is not expected to carry a heavy burden of ward work, but has practically all her time for class work, study and recreation. The length of time to be devoted to such preliminary instruction should be determined with the welfare of the pupil as the only consideration. From three to four months seems a good average, for in this time it is possible to give

<sup>1</sup>Slightly abridged from a paper read before the Missouri State League of Nursing Education, November, 1917.

thorough instruction in the fundamental sciences and allied subjects as well as to provide opportunity for a few hours' ward work daily. The latter should be considered as laboratory periods during which the pupil is able to put into practice, under close supervision from the instructor of practice work, many procedures which she has been taught in the class room. Six months seems too long a period to devote to such instruction, since the student is very likely to lose interest in her course. It is highly important for us to keep in mind that her object in entering training is that she may learn to care for the sick, consequently she must not be kept away from her patients for too long a time if her interest is to be sustained.

The relation of the preparatory course to the remainder of the nurse's training should be that of the foundation to the rest of the building. It should be planned and executed that the work through the remainder of the three years may be more thoroughly accomplished.

The subjects to be taught during this period will vary with the time allotted to it. Those ordinarily considered are anatomy and physiology, bacteriology, chemistry, practical nursing, hygiene, history of nursing, ethics, drugs and solutions, and cookery. The first three represent basic sciences upon the proper teaching of which depends, to a great extent, the full appreciation and understanding of practical nursing procedures. By completing these subjects during the period when the pupil is free from ward work, ample time can be had to provide for adequate laboratory instruction. Principles of nursing can be taught more thoroughly because the pupils have more opportunity for practice work under direct supervision. Too much instruction in this branch should not be given before they are sent to the wards for practice work. No matter how much class room work is given, that done with patients on the wards counts for a great deal more than that done in a demonstration room. Another important consideration is that nurses kept away from the wards for too long a time are likely to have developed a mechanical attitude when assigned to regular ward duty.

The elements of hygiene, personal, domestic and public, ethics, and drugs and solutions, are probably given during the first few months of training in the majority of schools and have long since been proven a necessary part of the course; history of nursing belongs in this division, since it is logical to expect the student to know and to wish to know something of the background of the profession which she is entering. From our instruction in this branch, the pupils acquire many ethical as well as historical lessons. Cookery may be incorporated in this course of study, or left until later. The advisability of the latter should be decided upon only if sufficient time is available

and it is possible to further delay for this group, practical work in the diet kitchen.

The methods of teaching for the subjects mentioned are those used in any high grade school. For the teaching of the sciences, it is folly to continue instruction by the unscientific methods which have been in vogue in the past. In order that the subject matter be vitalized for the pupils, they must study from actual materials and work out definite problems for themselves. For example, to teach bacteriology without laboratory instruction is like offering husks in place of the real food. In this subject, more is to be gained by the use of the laboratory method than the vitalization of scientific facts. A distinct improvement in surgical technique is shown by nurses who have had such work. Recently one class with which we have had experience was given a lesson in the dressing room, on the preparation and care of the dressing carriage. They were able to answer every question asked from their experience gained in the laboratory. For the other subjects, a combination of lectures and recitations is ordinarily considered best.

Much is to be said in favor of the student preparing outside work for the recitation. For instance, in connection with a course in anatomy, a great deal of interest is created as well as information gained for the class by reports and papers on subjects of kindred interest to the one under discussion. Examples of topics for such papers in connection with a course in anatomy are The Stomach of a Cow, The Stomach of a Bird, A Blue Baby, and Anatomical Considerations in Giving an Enema. Assignments of this nature not only help the pupil in the acquisition of facts, but direct her to wider fields of thought. Another valuable point which can be claimed for this, is that by making reports before the class, students acquire a certain amount of poise and self-possession. This plan can also be put into practice with good results in the teaching of hygiene and ethics.

The relation of theory to practice should generally be as one is to two. The number of hours of daily work on the ward can only be regulated by the actual number of hours of class work required of the pupil. It is ordinarily estimated that one hour's work in recitation requires between one-and-one-half and two hours' preparation on the part of the pupil. Fifteen hours of class work a week is what the average student can accomplish with credit. With the schedule in mind, a student would average from forty to fifty hours per week in preparation for and in the class; with two hours of practice on the ward and five on Sunday, she would average seventeen hours of ward work, thus making a total of 57 to 62 hours a week. As the minimum

is just one hour more than eight hours a day it leaves four hours daily for recreation.

The advantages of such a course are many, and they should be discussed both from the standpoint of the hospital and school and from that of the pupil. Students completing such a preparatory course and going to the wards for the regular number of hours on duty are capable of rendering much more valuable service to their patients. Through careful teaching and supervision in the class room they have acquired a certain degree of skill in carrying out the more elementary practical nursing procedures and through the practice work on the ward have become accustomed to working with patients and have had an opportunity to put the theory acquired in the class room into practice. The major part of the theoretical work required in the junior year has been completed and this prevents the possibility of overcrowding in the latter part of the year, with consequent over-work. The pupil has been given time enough to do theoretical work of a high standard.

The gain to the school and the hospital is that of increased efficiency of nursing service, and since the reputation of the hospital depends to such a great extent upon the latter, this becomes of great importance.

Another factor which should be considered is that of the elimination of students. It is an obvious necessity for the proper conduct of such a course that an instructor of practical work spend the greater part of her time with this group of pupils. This makes it possible to observe closely the students and to give more help and encouragement than is ordinarily given during this particularly trying and difficult period. It is no doubt true that many pupils leave our schools because they become discouraged. This would not so often happen if they were in close personal contact with the fine type of woman who should in greater numbers be filling the teaching positions in training schools.

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#### OUR MONEY NOT WASTED

All of the money being expended for war purposes is not going to be a waste. Some of it is going to be shot away; some of it is going to be sunk at sea; some of it is going to be invested in machinery that will be useless in time of peace. But a very great portion of it is being spent for things that will be as valuable when peace comes as now, though not so imperatively needed then—ships for instance. And as for the immense amount spent in adapting our manufacturing plants to war purposes, it is estimated that 90 per cent of our war machinery can and will be used for other manufacturing work after the war. The invisible and intangible forces, the moral forces of the world, the soul and conscience of mankind are fighting on our side.

## BIRTH CONTROL

BY JANE ELINOR LESTER

*Formerly Matron and Head Nurse, United Hospital, Port Chester, N. Y.*

There's a dear little home in Good-Children Street  
Where my heart turneth fondly to-day;  
Where tinkle of tongues and patter of feet  
Make sweetest of music at play;  
Where the sunshine of love illuminates each face  
And warms every heart in the old-fashioned place.

For dear little children go romping about  
With dollsies and tin tops and drums;  
And my! how they frolic and scamper and shout.  
Oh, the days they are golden and days they are fleet  
With the dear little folks in Good-Children Street.

—Eugene Field.

In view of the widespread interest manifested in the so-called birth control propaganda, by professional and lay persons, it is the desire of the writer in presenting a brief review of the subject, collected from the literature which has been so widely circulated, to emphasize the necessity of maintaining a very conservative attitude regarding this more or less sensational movement. The writer differs in opinion from those who believe that family limitation will eliminate the difficulties which exist among the poor. There are other factors which contribute to this unfortunate condition, among which may be mentioned poor housing conditions, an insufficient living wage, and the cheap saloon. While the advocates of birth control claim that they do not seek to distribute information regarding family limitation promiscuously, but wish only to make it legal instead of criminal for properly authorized clinics to instruct the poor who are overwhelmed with children, it must be admitted that any relaxation of legal restrictions will lead to an increase in immorality and also an increase in the number of abortions, and thus add mental and physical burdens even greater than those now existing. There can be no doubt that the dissemination of birth-control knowledge has a direct bearing on the birth rate and also, indirectly, on infant mortality, and owing to the lack of organized opposition the propaganda has spread in a most alarming manner.

That there is justification for the control of offspring in certain instances no one will dispute, but where medical reasons demand the same, the physician is now legally empowered to exercise his judgment in giving his patients whatever information is necessary.

The departures from the normal type of individual, like the poor, are always with us, but their welfare and happiness depend largely on other factors than the avoidance, by artificial methods, of undesired children. It would be to much better purpose if an effective means of increasing our population were under discussion, rather than means for diminishing the same by contraceptive methods. The law as it stands serves a useful purpose and to-day when the country is confronted with a rapidly falling birth rate and an increased rate of racial degeneracy, is it possible for an intelligent person to consider that contraceptive measures ought to be taught in clinics or any change made in the law which would make it possible for contraceptive knowledge to be more generally practised?

There are women with tuberculosis, heart and kidney disease, and certain mental disturbances, for whom conception must be prevented, but physicians have already the power to prescribe methods for preventing conception in such cases. The voluntary control of pregnancy is practically impossible, but self-control and common sense are very effective and harmless formulae, and may be safely prescribed to such mothers as desire to avoid the responsibilities of motherhood, as they do not come under the class designated as "crimes against nature."

In considering the social aspects of the question, Major Darwin, president of the Eugenics Education Society, makes the following assertion:

It is immoral and unpatriotic to limit the size of the family when both the parents are fairly healthy, except to insure that there shall be an adequate interval between births, and that the family shall be brought up in comfort, but not in luxury, without external aid.

This condition can be accomplished by self-control and by instilling into the minds of the people a more profound sense of the duties and obligations of parenthood. The marriage relation is entered into for the benefit of the state and looks forward to the perpetuity of the nation and of the race. It is generally admitted and statistics indicate that the birth rate in the United States, especially among native women, is greatly reduced. Selfishness, love of luxury, and a lack of moral sense and responsibility are factors to be considered in this respect. Mothers need an appeal to their spirit of patriotism, we are depending entirely upon immigration to populate our country. It has been well said that the world has a great need of men but it has a far greater need for mothers. If what the authorities tell us is true, there is only one in twenty unfertile among foreign women, while among American women one in eight is childless. It must also be remembered in this connection that contraceptive measures continuously practised, even for a comparatively short period, will bring about a

condition of sterility. It might be well to ask if any information has been put forward by the birth-control propagandists that would contribute any permanent value to the life of the world. The methods advocated by them to limit the size of the family would have a decidedly immoral effect on any community and, as healthy babies demand healthy parents, instruction not only in prenatal care and in such forms of hygienic living as develop healthy bodies, but that combination in the marriage relation that is known to produce a race endowed with a vigorous mentality and a sound physique are what are needed. When mothers are taught to appreciate and demand only the best obstetric care and when prenatal clinics are established and patronized in every community, much will be accomplished in reducing the maternal and fetal mortality which is to a great extent preventable and therefore constitutes no justifiable argument for refusing to rear a family. It must be admitted that there are mothers who find themselves greatly exhausted with an ever increasing number of children and we all agree that it takes a long time to rear and educate them so that at last they are a comfort to their parents and an asset to the country, but every woman has the power within herself to determine to a certain extent the size of her family and she does not require the help of the law to accomplish it.

I am cognizant of the fact that these remarks do not answer satisfactorily all the questions that might be brought forward, but they are presented in the hope that some intelligent reason may be given for opposing any change in the law relative to contraceptive knowledge and for maintaining a conservative attitude regarding the same. The medical profession is for the most part opposed to it and as co-workers, nurses should take a decided stand against any movement that tends to bring about a doubtful social and economic result.

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### BIRTH CONTROL<sup>1</sup>

BY STUART B. BLAKELY, M.D.

*Binghamton, N. Y.*

Birth control is a subject most difficult to define and limit, for it deals with one of the two fundamental instincts of mankind, the propagation of the species. It has nothing to do with the question of the production of abortion. Though really a misnomer, the term birth control, for the purposes of discussion, may be defined as "the limitation of offspring by the prevention of conception." The solution of

<sup>1</sup>Read at a meeting of the New York State Nurses' Association, Binghamton, N. Y., October, 1917.

the problems involved, in the domains of physiology and psychology, of custom, law and morals, of medicine and eugenics, of economics and sociology, are of tremendous and far-reaching importance and influence on the individual and the race. It is in only a slight degree a medical problem. In no wise is it a nursing problem and, frankly speaking, it has no place on your program. But it is an age-old subject of compelling interest and great importance. It is impossible to even attempt its full discussion. Let us consider it from a few of the more important viewpoints.

No one denies the desirability of improving, if possible, the human breed. To the favoring of the production of good stock and to the prevention of the production of the mentally and physically unfit, there can be no objection. This is the study of eugenics, a science still in the formative stage, but of great promise. It is eminently worthy and constructive. A few of its recommendations are now possible by legal enactment; the most will become feasible only by slow and patient education of the people, of all grades, degrees and stations in life.

The science of medicine touches the problems of birth control at three points. One is through eugenics, with which it is indissolubly associated. The second is through the prevention of conception in those to whom pregnancy is a peril and menace to health and life. The third is through the determination of the methods to be used in the prevention of conception. From the strictly professional standpoint, the science of medicine has no further authority or interest in the problem of birth control.

The economic, social and humanitarian aspects of the birth control problem cover a field scarcely touched by earnest or honest investigators. In recent years we have been subjected to a frightful noise about this thing. A group of agitators has taken the center of the stage, calling themselves contraceptionists or birth controlists, forming Birth Control Leagues, Neo-malthusian Leagues, Limitation of Offspring Societies, with a history, a literature and a following. Who are they, what do they want, and what do they claim to be able to accomplish?

Apparently they are seekers after cheap notoriety, or mistaken or misguided enthusiasts, with no conception of the immensity of the problem, with a narrow and often perverted outlook, a gushing sympathy, and a "cure-all" for the ills of society. To scientific investigation and wise foresight they are practically strangers. Of the principles and ideas of Galton and his disciples they have little knowledge and scant courtesy. They furnish another example of the waste

of vast amounts of energy with which this dear, foolish country of ours is blessed and cursed.

They wish, primarily, the repeal of the penal law that forbids the dissemination of knowledge about and means for the prevention of conception and of the Federal law that forbids the transmission of such through the mails. As yet these agitators have brought forward no valid reason why these laws should be set aside. It is not the first time that a statute has served as a cross for self-made martyrs.

The laws repealed, they propose by pamphlets, lectures and "birth control clinics" to spread their doctrine of the prevention of conception. If this is to be done, it is only fair to require that accurate information be given by qualified informants, and that the information reach the proper persons. The birth controlists have given no evidence that they are qualified as informants on the subject, by either knowledge, training or experience. Apparently little or no effort has been made to procure facts. The methods advocated by them for the prevention of conception are generally useless or uncertain, often filthy, and from a medical standpoint potentially harmful. As a matter of fact, most of the methods advocated are pretty generally known, and if they have not been applied it has been from lack of will, not of knowledge.

Granting, for the purposes of discussion, that such information should be given out, to whom shall this "blessing," as it is termed, be dispensed? Because a woman does not want pregnancy is no valid reason for instructing her in its prevention. The decision whether to bear children or not can scarcely be left to the judgment of the ignorant, among whom the birth controlist wish most to spread their gospel. Ill health, vice and crime can, and in due time will, be solved by the spread of medical and eugenic knowledge. Poverty is preventable, and *per se* is not a reason for the limitation of offspring. These problems do not constitute a Gordian knot, to be solved by a single stroke.

The birth controlists claim that they will be able to prevent poverty, to produce better babies, to improve morals, and to further the emancipation of woman. Let us briefly consider these claims in the order given.

The picture that the birth controlists most frequently throw upon the screen is that of a poor family, burdened with children, living in squalor, the mother broken in health by too frequent child-bearing. This deplorable condition, all too common, the agitators for birth control would ameliorate by teaching this mother how to avoid having more babies. They have eyes, but they see not that the poverty and the vice and the crime and the squalor and the ill health are rarely

caused by the number of children. Is it not more sensible to regard the ignorance and the poverty and all the rest as preventable? If she is potentially a good mother, is it not wiser to teach and support her, to make the burden and struggle to live easier for her and hers? Suitable medical and nursing care through her pregnancy, at her labor, and through the nursing period, would go far in conserving her health and her baby's life. All the powers of science and society should be employed to make a fit baby a fit citizen of the world. Whatever social creed this be, the changed and changing conditions of present civilization will demand it for our survival. Some time in the future, a day nursery, where a mother leaves her baby, to labor for a wage outside her home, will be looked back upon as a curious practice of an ancient day. I do not wish to detract in the slightest from the present worth of such agencies, but they are all makeshifts, and birth control as advocated would be the most useless and short-sighted makeshift of all.

The birth controlists claim that fewer babies would mean better babies among those in question. This is a fallacy, for better babies are not inherently determined by their number. Better babies are determined by heredity and by environment, both of which are largely controllable factors. We must have numbers, not only to do the world's work, but also to insure the survival of our race whose dwindling birth-rate is alarming. We can make them all better babies if we will.

The birth controlists claim that they will improve morals. They state that an unwelcome pregnancy is an immoral pregnancy. The mere statement does not make it a fact. An unwelcome pregnancy does not predicate an unwelcome child, for the mother instinct is usually too strong. Though painful to admit, the fact exists that some, possibly much, of sexual immorality is prevented by the fear of resulting pregnancy. It is hard to understand how a general, unrestricted, almost official extension of contraception knowledge would improve conditions. They claim that induced abortions would be lessened. This is also hard to understand, for the majority of such abortions are done among the idle, the better classes, with few or no children,—a group to whom the agitators give little attention. Finally, it is difficult to grasp the broad morality of a movement that seeks to stifle one of man's inherent instincts, the production of his kind, that seeks a purely individualistic world, that advocates ease and luxury, that inculcates dislike of sacrifice and effort, that tends to make maternity something to be shunned and feared.

Finally, the birth controlists claim to be able to give woman a fuller, freer life, to further emancipate her from the slavery of her sex.

Whatever may be the origin, the value, or the outcome of the modern woman's movement, woman possesses one inalienable right, the greatest gift ever bestowed upon a mortal being, the power to give life. It is woman who guards and hands down to posterity the torch of immortality. That class, or that nation, or that race, that forgets the immutable biological law, that the supreme function of womanhood is the bearing and raising of children, is doomed to extinction.

The writer is a staunch supporter of anything that will improve the human breed. He is a firm believer in a birth control that will ensure the health, the improvement and the continuance of his nation and his race. It is a problem that requires deep study, careful thought, wise action. It is a problem that cannot be solved by the minds or the methods of the present agitators of birth control whom we have considered.

We have today discussed chiefly the negative aspects of birth control. The writer commends to your thoughtful reading an article in the October number of the *Metropolitan Magazine* on the positive side of birth control by one who has been called the greatest of living Americans.

We are living in the time of the great war. The white race is being depleted as possibly never before. The white man's body and the white man's brain are inherently no better than of those whose skins are yellow or brown, a fact amply demonstrated in recent years but which our egotism and arrogance and self-satisfaction fail to note. There is surely coming a struggle for supremacy between the race to which we belong and those prolific races which we regard inferior. With our dwindling birth rate, with millions killed, starved, and dead from disease, across the sea, with our own country preparing to sacrifice, if necessary, thousands on the fields of France, with a world at war, it is indeed hardihood to propose or advocate the limitation of the white man's offspring. May that catch-word of reform, birth control, go, at least for the present, the way of euthanasia and twilight-sleep.

#### VASELINE IN ETHER ANESTHESIA

Carbolized vaseline applied to the nasal mucosa has been found to overcome post-operative vomiting and to do away with the unpleasant taste of ether while taking it and afterward. It is not infallible but in a number of cases it has been most successful and is worth trying.

North Carolina

M. P. A.

## INFANTILE TYPHOID

BY ALICE HAEHNLEN, R.N.

*New York, N. Y.*

Infantile typhoid is not uncommon. It probably is more frequently met with than is generally supposed, as the clinical manifestations are peculiar to this particular age and the diagnosis is not easily made. "The gross lesions are referable to the intestinal canal but they are to be looked upon merely as local expressions of a general infection. This is of important therapeutic value as it directs our attention to the individual as a whole and spares us useless effort to medicate the intestinal canal, in the hope of curing the disease."

As in the adult we are dealing with a self-limited disease, the cure of which depends on "the elimination of the specific bodies, or definite bacterium—the *bacillus typhosus* of Eberth, by the tissue cells of the patient." This does not mean that we cannot influence the course of the disease. On the contrary skilled care, conscientious watchfulness, competent nursing, and the application of definite measures to the relief of symptoms and complications has greatly lowered the mortality and apparently shortened the course of the disease to ten days or sometimes less; in many cases however it may run a course of several weeks, typical of the adult type.

Continued fever in infancy with gastro-intestinal symptoms and a slight rash should cause us to suspect typhoid. Small rose-colored spots seen on the thorax and abdomen, which disappear on slight pressure with the finger-tip, are similar to the eruptive manifestation in the adult. These spots appear in crops lasting three to six days, occasionally they are seen after the tenth day.

When suspicion is aroused as to the probability of typhoid, the infant must be put to bed and kept there until the physician arrives. He must not be permitted to waste his precious strength while one is awaiting the development of more diagnostic symptoms or the result of blood examinations.

*The Blood.*—"There is a marked diminution in the number of leucocytes, hence leucopaenia may be looked upon as a symptom of typhoid. The white blood-cell count is frequently as low as 4000," the normal during infancy, as we all know, being between 7000 and 8000. This has been proven, by statistics, to be absolutely pathognomonic of typhoid, and ranks with the Widal reaction.

*The Widal Reaction.*—"The Widal reaction is negative early in the disease, and appears after the first week, or usually at the be-

ginning of the second. A positive Widal reaction in a dilution of 1-20 means typhoid."

*Special Symptoms.*—Infantile typhoid has no characteristic stool. The stool *per se* is not uniform in all cases and does not show the characteristic appearance so often described of the adult stool. It is, however, more frequently diarrhoeal than constipated, probably depending on the diet. In some cases it is yellowish, lumpy and malodorous. Other children have mucus and jelly-like masses with shreds resembling membranes; while still others have a greenish-black liquid stool. It frequently is lienteric the first few days, showing the evidence of intestinal indigestion. The abdomen is markedly distended and tympanitic on percussion.

The infant is very thirsty, but frequently refuses food. Vomiting sometimes occurs. The tongue is thickly coated with a grayish or whitish fur. The edge of the tongue is clean and shows enlarged swollen papillae. Severe cases show a very dry and glossy tongue. The lips are dry, the mouth is dry, and water is eagerly taken.

The urine will be found to contain urates and phosphates. The effect of the typho-toxine gives rise to an acute renal congestion, then we have albumin, hyaline casts, leucocytes, and some red blood-cells present. A positive Diazo reaction of the urine strengthens the diagnosis of typhoid early in the disease. The careful nurse will always remember to watch for a secondary nephritis.

*The Heart and Lungs.*—“Early in the disease no special cardiac symptoms exist, weakened or muffled heart sounds are usually noted late in the disease, especially if severe toxæmia exists. A systolic murmur is heard in every severe case of typhoid.”

If the pulse-respiration ratio of 4 to 1 is disturbed, then pulmonary complication should be suspected and promptly reported.

*The Temperature.*—We do not have the characteristic step-ladder type of fever so commonly seen in adults. In the case described there was an irregular febrile curve.

I am indebted to Dr. Louis Fischer for the opportunity of studying the bed-side notes of the following case:

E. K., 8 months old, was admitted to hospital service on the fifth day of illness. The temperature on admission was 103 degrees F. A roseolar eruption on the thorax and abdomen, with the history of an irregular fever, led to a suspicion of typhoid. The blood was examined and gave a positive Widal reaction, the urine a positive Diazo reaction. The child had been fed cows' milk, Grade A.

There was no bowel movement on the day of admission. A teaspoonful of castor oil was given. This produced a greenish-yellow and malodorous stool mixed with jelly-like mucus. The lower bowel was emptied daily, each morning thereafter, with an irrigation of chamomile infusion (one teaspoonful of chamomile flowers to one quart of boiling water). As a small yellowish liquid stool usually

followed the injection within six to eight hours, the upper bowel, the seat of the lesion, was not disturbed. While the temperature remained over 102 degrees F., modified Ziemssen tub baths were given every two hours. The water warmed to 90 degrees was gradually cooled to 70 degrees, by adding cold water while the infant was in the bath. These baths lasted three minutes, with friction of the arms, legs, and back, carefully avoiding the abdomen.

In order to dilute the toxine and to stimulate the secretion of urine, five minim doses of sweet spirits of nitre were given every two hours when necessary. The tongue, which was thickly coated with a whitish fur, was scraped with a narrow whalebone, the gums and inner cheeks were medicated with equal parts of saturated boric acid solution and glycerine, applied by means of cotton swabs mounted on applicators.

On the seventh day of illness, as the rash on the abdomen was fading, a second eruption appeared, lasting three more days. The usual precautions were taken to guard against bedsores. Moisture around the buttocks was quickly removed, the parts sponged with alcohol or alcohol and water equal parts. When the buttocks had been soiled a mild antiseptic solution, usually phenol (carbolic acid), 1 to 40, was used. When pressure marks were noted, the skin was rubbed to improve the circulation, the parts then being dusted with a zinc and talcum drying powder. The position of the patient was changed frequently, not only to avoid bedsores, but to lessen the chance of hypostasis in the lungs.

Sponge baths were given for restlessness and sleeplessness. Flatulence was relieved by powders containing salol one grain, and bismuth, one-half grain, every two hours when necessary, and by the daily chamomile injections. When the tympanites was severe a soft, pliable rubber catheter, carefully introduced a few inches through the rectum, usually afforded relief within a few minutes.

Isolation, and disinfection of stools, urine, bath water, bed linen, etc., was carried out according to the rules of the hospital. All the sunshine possible and abundance of fresh air were given from the onset, and as soon as the tub baths could be discontinued, the infant was placed in a window crib, the open piazza being prohibited on account of the isolation.

The diet consisted of certified milk five ounces, water three ounces, milk sugar one-half drachm, given every four hours. At any sign of gastro-intestinal disturbance the quantity was diminished, the patient's appetite being the guide. Water was given *ad libitum* to improve the condition of the mouth, to lessen the constipation, and to stimulate the function of the kidneys and skin. The fever ran an irregular course for nine days, then remained normal.

On admission to the hospital the infant weighed 17 pounds. During the first nine days of illness one pound and four ounces were lost. After the temperature became normal, one drachm of milk sugar and one drachm of cream were added to each feeding of whole milk five ounces, and water three ounces. The infant was discharged at the end of twenty-five days weighing sixteen and one-half pounds.

Research has taught us that typhoid is conveyed through food, especially through milk and water. The infant diet being restricted almost exclusively to milk and water, the source of the infection will not be hard to trace; however, flies and the "human carrier" may frequently share the responsibility.

The necessity for the early diagnosis of infantile typhoid is apparent when we consider the necessity for the use of napkins to catch

all excreta. The handling or disposing of these numerous napkins is no easy matter, as some patients harbor for weeks and months the virulent bacilli in the urine, and more commonly in the feces. The ideal method of disposing of these infected napkins is by incineration.

An interesting sequel of the case reported, occurred one week after the infant was returned to its home. An older brother, about seven years of age, vomited, had fever, and complained of headache. The blood examination gave a positive Widal reaction. The boy passed through the usual cycle of symptoms and recovered.

"It is to be hoped that just as the Board of Health now demands to know whether the Klebs-Loeffler bacillus is absent from the secretions of diphtheria patients, it will also demand to know whether the excreta of a typhoid fever patient are free from bacilli before he is allowed the freedom of the community."

I know of no reported cases of "infantile carriers" and in the cases personally observed it has been impossible to procure the coöperation of the mother for the repeated examinations necessary before the certainty of a case is assured.

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## TRACHOMA

BY FLORENCE R. POND

*Chicago, Ill.*

Trachoma, a word meaning rough, is a contagious disease, which affects the conjunctiva, the lining membrane of the eye. It occurs in warm climates, especially among people of the poorer classes, where the housing and sanitary conditions are bad. The ill-nourished and under-fed come under its ravages oftener than those in the better districts, though it is by no means confined to them. Persons of early or middle life are more likely to have the disease than old people, and babies seldom get it. No one knows what germ causes the disease, but the general opinion is that it is a double coccus, much smaller than the gonococcus, called the trachoma body, however, they do not feel sure it is this which causes it, for the germ is found in vernal catarrh and in follicular conjunctivitis.

At first the granules are distinct, but they spread and multiply rapidly. They are rough, which gives the name to the disease. The illness comes on so insidiously and slowly that the patient is almost unaware of it until he notices an irritation, as if a foreign body were under the eyelids, and upon going to a doctor and having them everted, a mass of distinct granules is found. During this stage of the disease

there is very little lachrymation or discharge, hardly enough to seal the lids in the morning. After a time, from six weeks to a year, the symptoms progress and a swelling takes place, the discharge is greater, and the patient complains of dimness of vision. Soon however the discharge becomes mucopurulent and sometimes sanguinolent.

If the progress of the disease is not arrested, a pannus forms over the cornea and the sight begins to wane. Ulcers form on the cornea and the patient is in great distress. The lashes of the lids turn in and have to be pulled out by the doctor. The prognosis of the disease is unfavorable, for unless it is taken in time and a prolonged course of treatment given, the symptoms go from bad to worse, and the sight is gone altogether.

In a state hospital where the writer spent eight years caring for eye patients, the treatment for trachoma was as follows: The patients gathered in a large airy room at regular hours each day, and when the nurse was ready, she called each one in turn and had him sit on a rather high stool in front of her, under a good light. She then gently opened the lids of the eye and allowed a stream of two per cent boric solution to flow gently into it, letting the water run into a basin provided for that purpose and held by the patient. The irrigator was hung from a stand about six feet high. After the irrigation the solution was wiped off with a pledget of cotton and a drop or two of the medicine ordered by the doctor was instilled. If both eyes were sore, the other was treated in like manner, unless otherwise ordered. The rest were treated in turn. The physician looked after the patients at least once a day, usually in the morning. He applied the blue stick, silver nitrate, jequirity, or whatever the case called for. When jequirity was used, the nurse always was on the lookout for untoward symptoms, such as severe pain, swelling, much discharge, etc. Whenever any of the above signs presented themselves, the doctor was notified. A nurse could give a patient a hot water bag without consulting the physician, but if after a little it did not prove effective, he was called. Sometimes a pressure bandage was put on, but if there were much discharge it was left off. Ice bags were used occasionally and also moist applications.

The patients were cautioned to use only their own individual towels and drinking cups, lest the disease spread and become general. They had their own sleeping accommodations but were allowed to assemble in the reading or dining rooms with the others.

## T

### LACHTER

### DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF A BSA 22  
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*CONSIDERATION OF THE STANDARD CURRICULUM FOR SCHOOLS OF NURSING*

THE SIGNIFICANCE OF THE STANDARD CURRICULUM IN THE DEVELOPMENT OF NURSING EDUCATION AND ITS PLACE IN THE PROFESSIONAL FURTHER DEVELOPMENT OF NURSING

BY CAROLYN E. GRAY, R.N.  
City Hospital, New York

TO THOSE WHO HAVE FOLLOWED THE HISTORY OF NURSING EDUCATION IN THE UNITED STATES FOR THE PAST TWENTY-FIVE YEARS, IT MAY WELL FEEL THAT THE PUBLICATION OF THE STANDARD CURRICULUM MARKS A DEFINITE STAGE IN THE EVOLUTION OF THE NURSING PROFESSION. WE ARE PROUD OF THE PROGRESS ALREADY MADE AND BECAUSE THIS CURRICULUM VISUALIZES OUR IDEALS, WE ARE CONFIDENT THAT THE FUTURE WILL ACCORDINGLY BECOME MORE DEFINITELY ESTABLISHED AND PROTECTOR THAT IT WILL NOT SWAY IN THE VARIOUS WAYS.

FOR FORTY YEARS WE HAVE WORKED TO ACHIEVE A STANDARD CURRICULUM; yet we could not have published it at this opportune time because the popular appeal for short courses during the war measure rapidly becoming predominant, which has made it more than ever necessary that we achieve unity of formulation of standards and that we are serious in maintaining them. So it is in 1917.

Twenty-five years ago while still a pupil in training at the City Hospital, I remembered distinctly that when Miss Detacher and Miss Chamber retuned from the World's Fair in Chicago, they called a meeting of the parents of the students and told us about the formation of the Society of Superintendents of Training Schools. They were very enthusiastic about it and both asked what the purposes of the society were, and what the members hoped to do. We were all much surprised because they talked of what the society would accomplish were no far-reaching and indicated that the superintendents of training schools had been thinking far ahead of existing conditions and planning for the future. Some of these women are dead; some have passed out of the nursing world, but the influence of all has been carried over into the work of today, and many of their visions are crystallized in this Standard Curriculum. The Society has changed its name to the National League of Nursing Education and has broadened its scope to include all actively engaged in nurse instruction, but its purpose remains the same, i.e., to standardize nursing schools, and to raise the status of the schools throughout the country by mutual

conference and guidance. We need no better evidence that the League is trying to live up to this purpose than can be found in the pages of this Standard Curriculum which is the work of a committee on education, chosen by the National League.

The original flame, lighted twenty-five years ago, has been kept burning brightly and has been passed on very directly from teacher to pupil, making this work peculiarly a labor of love. The vision of Isabel Hampton which was responsible for our Department of Nursing and Health at Teachers College, has become in a large measure the fulfillment of her gifted pupil, Miss Nutting, to whom we individually, as her students, and collectively, as a profession, owe so much.

The purpose of the Standard Curriculum as self-stated is two-fold,—(1) "To serve as a guide to training schools struggling to establish good standards of nursing education," and (2) to "represent to the public and to those who wish to study our work, a fair idea of what, under our present system, we conceive to be an acceptable training for the profession of nursing." The purpose, as further stated, is "to arrive at some general agreement as to a desirable and workable standard whose main features could be accepted by training schools of good standing throughout the country."

A very hopeful factor in the progress of nursing education is the fact that this whole curriculum represents the effort of nurses to make the preparation for their work really educational. Those actually engaged in nursing work realize the tremendous need for better preparation than the majority have had and want to see their pupils get it. It is also helpful to remember that pupils themselves are beginning to demand a sounder course of instruction and better living conditions than heretofore. "Worker, increase your wants," applies here as in industry. Young women who know what they want are discriminating in favor of the schools best prepared to meet their needs. It will be increasingly necessary for the training schools to come up more closely to the standards of other good technical schools if they are to attract intelligent and competent women.

The committee does not underestimate the devotion of superintendents, teachers and physicians who have given invaluable service to nursing education, often at great personal sacrifice and in spite of peculiar obstacles. They feel, however, that the time has come when we should insist upon our schools being placed on a sound financial basis, with a budget ample for educational work. The nurse, having shown herself to be in every sense a public servant and of as great value to the community as the teacher, should have consideration shown her in her preparation for service, particularly since she pays in long hours of strenuous work for what she receives.

The new curriculum is a socialized curriculum. We have often been accused and justly so of not having social sense. We have taken poverty, with disease and all the rest of the social ills, too much for granted. "The poor ye have always with you" was written for another age. Preventive medicine aims to reduce disease to a minimum by the aid of sanitation, public and personal. Shall we not regard physical, mental and moral ills as symptoms of graver social diseases, for which we must find the remedy?

We find in our study of the curriculum that it contains much more than we had expected. It is infinitely better than a guide for the superintendent and the teacher. It is truly an encyclopedia for the nursing profession. For most of our perplexing questions we find answers which are logical and convincing. It gives us valuable arguments with which to persuade those who are skeptical regarding our needs. Some of its pages almost visualize our ideals of what training schools might become and present the hospital graphically as an educational institution. This point of view is one which we all wish to give to our trustees, ladies' boards, training school committees, etc.

Such subjects are considered as the following: (1) The General Purpose, Character and Standing of the Hospital, (2) Form and Functions of Training School Control, (3) Type and Capacity of Hospital, (4) Range, Variety and Character of Service, (5) Conditions of Life and Work for Students, (6) The Administrative and Teaching Staff, (7) Standards of Entrance to Schools of Nursing, (8) Standards and Methods of Good Teaching, (9) Teaching Equipment, (10) Records, (11) University Affiliations, (12) References on Nursing Education and Teaching.

It seems to me a serious study of this book would prove of great value not only to individuals but in our local Leagues of Nursing Education. It is the wish of the committee that this be kept an essentially democratic production and it is hoped that all who use it will be perfectly sincere and helpful in criticism, so that each revision will make the book of increasing value in standardizing our work and improving our ideals. It is not possible, of course, that even a majority of our schools are ready for this curriculum in its entirety. Were that true, it would not be the inspiration it is bound to be, for our ideals must always be in advance of our achievement. There are no schools, however, which cannot profit in a great measure, by a careful study of the curriculum and a wise adaptation of it to their present needs.

To illustrate the thorough and inspiring manner in which the nursing subjects are covered, let us look at the familiar course of "Nursing in Diseases of Infants and Children," and note in what

special ways this subject is correlated with the broader one of Health Work, for the new curriculum gives us a challenge in that it stresses health not disease.

It is generally conceded that if we are to get very far in public health work, in our effort to produce a better race, we must begin with the children. Phillips Brooks said, "Whoso helps a child, helps humanity with a distinctness, with an immediateness, which no other help given to human creatures in any other stage of their human life can possibly give again." I wonder how much we have done in the past to give our pupil nurses this outlook? Most of us have enjoyed our children's services, because being human, we liked to be with young things, and children are so responsive to care and affection. But few, I fear, asked Why? in caring for their cases of malnutrition, rickets, congenital syphilis, etc. The nurse who receives her instruction in accordance with the course of study under consideration will be led to ask why and will then be introduced to preventive measures as well as remedies. For instance, the objects of the course include the following which are truly intended to develop a social conscience. "To give pupils some appreciation of the causes and social aspects of infant mortality and secure their interest and coöperation in the conservation of child life," also "To give a good sound basis for later work in connection with milk depots, baby welfare, school nursing and other fields of work where knowledge and skill in children's nursing are of essential importance." "The social aspects of children's diseases," is the subject of one lecture in the course to be given by the head of the Social Service Department, or a special lecturer. This lecture considers "the problem of infant mortality, what it means to the community, causes of high death rate of infants, home versus institutional care of infants; effects of child labor, malnutrition, bad housing, etc., on vitality and health of children; movements for conservation of child life." It is also suggested that an excursion to a milk station or orphanage, day nursery or foundling home might supplement this lecture.

Another lecture to be given by a teacher or other expert in child psychology, considers "the mental development of the normal child from birth to adolescence, instincts and capacities as they appear in normal development, characteristic phases of development in boys and girls, how to interest and manage children at various stages, abnormal types, how to deal with pernicious habits, the psychological and therapeutic value of play, some principles of education." It is suggested here that this lecture might be supplemented by one or more classes by a kindergartner, dealing with appropriate plays, games and

amusements for children, good pictures and stories for children at different ages, and the ways of telling an interesting story.

It is advised that the course be given early in the second year. The clinical method is stressed as being infinitely superior to the lecture and it is urged that the pupils have the opportunity to observe and handle actual cases. It is plainly seen that the nurse taught as suggested in this course, will have a thorough foundation for her work with children and should be alert to their needs, not only in the hospital but in the community.

I have chosen the subject of children's nursing for special mention but each subject is taken up in the same broad, thorough-going, human way. The curriculum is also greatly enriched by courses of fundamental importance in the education of the nurse as a social worker. Of these I would mention: Housekeeping problems of industrial families, public sanitation, occupation therapy, nursing in mental and nervous diseases, special disease problems, historical, ethical and social basis of nursing, elements of psychology, survey of the nursing field, professional problems, modern social conditions, and introduction to public health nursing and social service.

I fancy that many overworked superintendents and teachers will wonder how it is all to be done,—but suppose we cannot do it all; we know it is all necessary and what should be done. We must preach it as our gospel, we must educate the public to the need which the community has for the type of woman who is to profit by such teaching, and educate her to increase her demands. What then? Will it not be evident that since we have developed such a large body of theory, the present system is a thing outworn? Have we not here a strong argument for a central school where the nurse may spend at least one year in a three years' course in close application to study?

Suppose that we have our central school, with students assigned to hospitals for services in much the same manner as medical students, and for exactly the same purpose, will we not be able to eliminate the useless repetition of endless bed-making, cleaning, serving of meals, etc.? Will there not still be ample field for the training of the attendant who will more nearly correspond to the nurse of our mother's day? Here will be opportunity for many young women who cannot qualify educationally for the more scientific work, but who will be to the nurse what the nurse is to the physician. In the hospital they will relieve her of unnecessary routine, and when trained, will fill an important place in the service of the community, both in the homes of the fairly well-to-do and, under the guidance of the nurse, in certain forms of public health work. We surely see our "star" ahead and the Committee on Education chosen by the League has given us the "wagon" by means of which we may attempt to reach it.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

"Alladin in France" is the title of a splendid pantomime produced in France by the men of a Canadian division. Their theatre holds over 600 people and over 3000 had witnessed the performance. At times the voices of the players were drowned by the bombardments, the theatre being near the line and within range of the guns. There is an orchestra of 25 instruments; the scenery was made and painted by the performers and many of the dresses were made at the theatre. Practically all the lyrics and songs were composed by the artists themselves.

Private Beesley of the Royal Berkshire Regiment was very fond of playing the piano. He was unfortunately wounded in the right hand and lost the thumb. Major Joyce, a young surgeon, amputated the third finger of Beesley's left hand and grafted it on the right in place of the thumb. He is once more a skilful pianist.

After an air raid over London an old woman, 80 years of age, was rescued from the wreckage of her house in the northeast district. She had been buried there for ten hours, oxygen and stimulant having been pumped to her by means of a pipe. As she was taken away on a stretcher she waved her hand and called out, "I'm all right, don't worry about me." It is difficult to terrorize a people like this.

A safety suit has been invented to be worn in crossing the ocean. It is called a thermos suit, and is thickly padded, with weighted feet and close-fitting helmet. It is fitted with pockets for an emergency ration and a whistle for attracting attention. A person wearing this suit can stay in the water for hours without feeling the cold.

General Pershing has been awarded the Belgian Order of the Grand Cross of the Order of Leopold. The decoration was presented by King Albert in person. The King also presented to Colonel Boyd, the American military attache, a cross of the officer of the Order of Leopold. American officers may accept foreign decorations, but may not wear them; it is hoped that Congress will pass a bill giving the desired permission.

In one of the periods when the American Engineers and their Canadian comrades in arms were holding a position, what appeared to be a British staff motor drove up. The driver was in the uniform of a British soldier, a man in the tonneau was in the uniform of a British staff officer. The officer stepped out and asked for the commanding officer. He was taken to a Canadian officer near by. The

staff officer ordered the commander to retire four kilometres, saying that the Germans were pressing on both flanks and he might be cut off. For some reason the Canadian commander became suspicious. He asked the staff officer to produce his authority, and when he would not do it, had him searched. Papers were found on him proving that he was a German officer, and he and his chauffeur were immediately shot.

American submarines are aiding the Allied forces in the fight against German U-boats. They crossed the Atlantic in bitter winter weather. Under-sea boats have been sent to Hawaii, the Philippines and Panama, but in mild weather. Officers and men faced hard days as they put out to sea. Cramped in narrow quarters, plunged into a 100-mile gale, and in the roughest weather in mid-December, there was no faltering, grumbling or complaining. When tow lines parted, in some cases unknown to the tugs and accompanying craft, the submarines battled forward alone. In the perilous passage the best traditions of the service were maintained.

Blanche Slocum, an American opera singer, who left Berlin in March, says the Germans make cloth of thistles as well as of paper. She wanted to buy some under linen as the laundress had failed to return some articles. "Bring your worn out things so I can be sure you need new ones," said the official. "But they're missing, the laundress says she can't find them." "Then the laundress must come and swear," he replied. Only one pair of stockings can be bought at a time and only one under garment. The purchaser must show desperate need by exhibiting rags and tatters. Prices are extremely high so there is less incentive to buy. Darning and patching have gone to lengths never dreamed before. Wooden shoes abound, not the boat-like sabots of the peasant, but a leather, or imitation leather, shoe with a wooden sole, or a wooden sandal without uppers. Sometimes the maker gives a degree of flexibility to a sole by inserting a wooden hinge. As rubber has vanished, elastic garters are replaced by spirals of wire. There are no rubber overshoes, or rubber raincoats.

Pope Benedict XV has vigorously protested to Berlin against the bombardment of Paris, especially against the destruction of churches and the wholesale massacre of people. Sixteen centuries ago another Pope, Leo I, made an appeal for the protection of a city against barbarous warfare. Leo went to the tent of Attila the Hun, and pleaded with him to save Rome, the seat of Christianity, from destruction. Attila was awed by "the apostolic majesty of his holy visitor" and spared the city. It was this Attila the Hun, whom the Kaiser, at the beginning of the war, urged his soldiers to emulate.

## NURSING IN MISSION STATIONS

### NURSING IN CHINA

BY NINA D. GAGE

*Superintendent of the Yale-in-China Training School for Nurses,  
Changsha, China*

Nursing in China gives one many great opportunities which are missed by the unfortunate people who have to stay at home. "Foreign mission nursing" is often spoken of as a separate branch, as institutional, private, and public health work are contrasted. Yet one may do in mission work all these various kinds of work, the only difference being that abroad, one's opportunities are limitless, while at home one is more restricted. In China, now, we are engaged in building up a nursing profession in a country which has not even a word for *nurse* in its language, let alone any conception of what the duties or advantages of a nurse or nursing service might be. Where else are the opportunities for service which for most of us can equal that?

A few special features of work abroad in contradistinction to that at home are, first, this opportunity for creative work, for interpreting nursing to an absolutely new group of people. Thus one's work is administrative and educational, precept and example, to the limit of one's strength only. In a country like China, which has always had an aristocracy of learning, one must come with the best possible foundation educationally, if one is to be respected, for the Chinese are wonderfully clever at detecting any attempt at covering up deficiencies in preparation. Without this sound foundation, too, one cannot do what will be required, as will be seen later on.

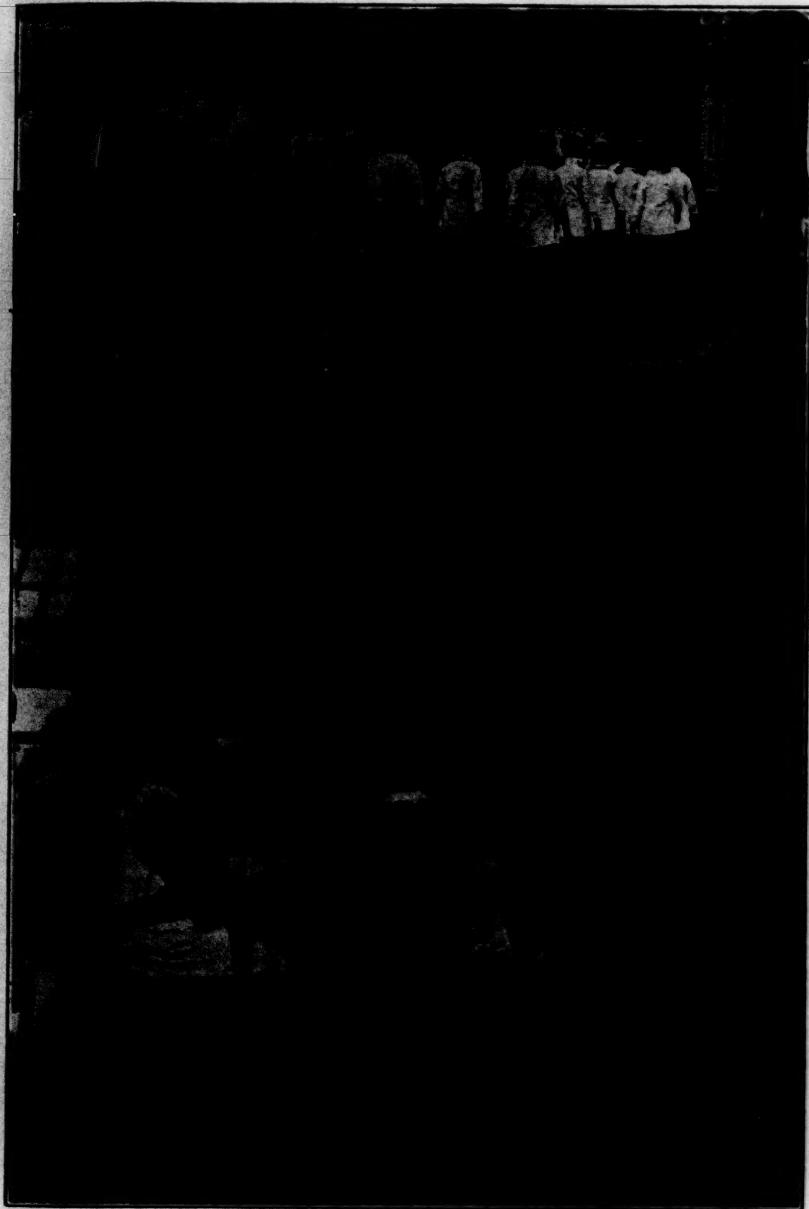
A second feature, different from work at home, is that one works with a foreign people, so one must study thoroughly their language, modes and habits of thought and life. One of the first principles of good teaching is to proceed from the known to the unknown. But to do this the teacher must know her pupils, and start from their "known," not her "known." This means hours of work, but is richly repaid in the end. It is a necessity usually neglected by medical workers, for many think they can do their work at once, and unless they are very careful, the time for this study will be crowded out, and all their future intercourse with the people will suffer. Some of the Chinese, to be sure, will speak English, but even of these when a man becomes really confidential, he tells you his heart's secrets in Chinese, not in the foreign language, and if you cannot understand him, you lose just that much chance to help him.

A third feature of work abroad is the greater need one has for ability to meet emergencies, not only of first aid, though as physicians are fewer one is left more to one's own resources, but of all sorts, from supervising building, for which I have seen nurses give up their vacation, to rescuing fugitives in the frequent wars of parties which go on by the aid of bullets, bombs, and aeroplanes, just as at home; or of meeting novel situations in the nursing school itself. Three days after I opened my school came a petition from all forty probationers requesting that they have at once their work in materia medica, symptomatology, and various diseases, as they did not care to wait three years before beginning "to practise"; requesting only six hours of ward work a day, as even that was more than they had been accustomed to do, and especially requesting no night duty, as that "tired their bodies unnecessarily." Again, a little later in the history of the school, the pupil nurses all "struck" one day, because they did not think they had been given enough time off duty. Another time they struck because a course had had to be given up owing to dearth of instructors. Another day, one of the pupils drank some bichloride of mercury because her family insisted that she leave the school, and she said that if she left the school it would be in her way, not theirs. Where at home could one meet quite this variety of experiences in a single year?

Any spare time left from the duties outlined above may be spent in translating text and reference books, those for nurses being as yet to be counted almost on the fingers of one hand. To vary this for recreation, one may spend as much time as one likes in organizing district and rural nursing, for the field is quite untouched. Proper dietetics, adapting Chinese foods to invalids, is as yet practically a virgin field, for no one has had time to do more than skirt the barest fringe.

Pioneer work has been done now, a Nurses' Association has been organized which is awaiting only the end of the world war to affiliate with the international organization; uniform examinations are held throughout the Republic; some translation has been done, and we are ready to go forward. The people in the larger centers understand something of what nursing means, and interest is growing greater. The class of applicants for admission to the nursing schools is improving everywhere. Shall we advance or retreat? Shall the anvil be struck while it is red hot, or shall it cool, and the fires of enthusiasm and understanding have to be kindled all over again? The answer lies with the nurses at home. On their shoulders is the responsibility. Those of us who are in China now are working to the limit of our strength, and we cannot complete the task alone.

No. 1

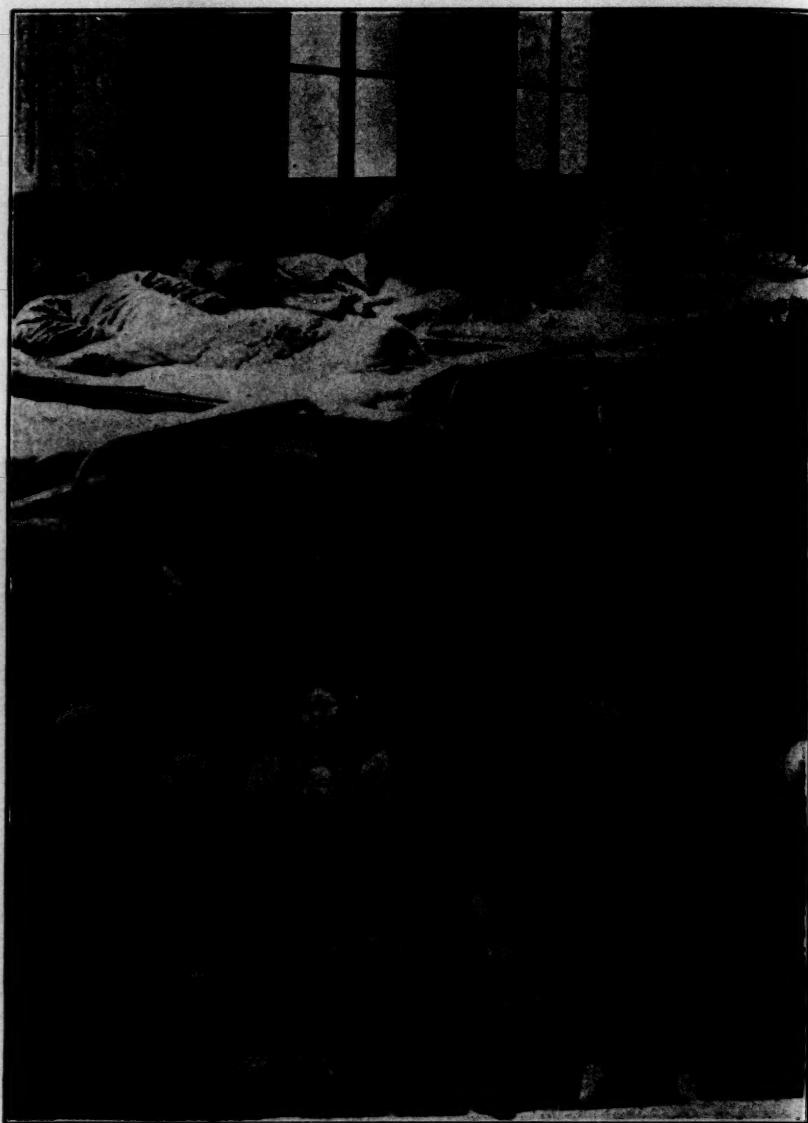


No. 2

No. 3

- No. 1. 1917 Graduates of the Hunan-Yale School for Nurses  
No. 2. Women Students on Their Way to a Lecture  
No. 3. An Examination in Bacteriology

No. 4



No. 5

No. 4. A Corner of the Men's Medical Ward  
No. 5. Waiting Patients at the Yale Hospital

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK, R.N.

### OUR DEAR DYNAMOS

For many years we have been in the habit of calling Mrs. Bedford Fenwick and Miss Margaret Breay affectionately, the "Dynamics" because of their unceasing and untiring energy in all the manifold crises met with in the process of conducting a weekly nursing journal which is also an organ of the most vital propaganda—really a watch tower quite as much as a brilliantly edited magazine. The chief lady dynamo, Mrs. Fenwick, has completed, on the first of April past, her fortieth year of professional work, sixteen of which were spent in varied pieces of active nursing, including the matronship in one of England's most famous hospitals, St. Bartholomew's, where she laid the foundation of the modern democratic, educational, enlightened discipline of training schools as against the older autocratic, repressive methods; while her last twenty-six years of the most intense and unremitting labors for the advanced education and organization of nurses in self-governing professional bodies, with the attainment of state regulation of nurses' training as the goal, have been given their special fire and fervor by the necessity of combating the most solid, determined and obstinate hostility to the economic progress of women that has been encountered by any nurses in any otherwise progressive country. We do not, of course, here consider those countries which are distinctly unprogressive as regards women. In these forty years, Mrs. Fenwick has seen her ideals supported and developed in many countries, and these proofs of their merit have given her courage and joy even though "state registration still hangs in the balance" in Great Britain.

A marvellous, self-renewing spring of energy has been hers. She writes, "It has been splendid to have been given health and strength, energy and spirit, to keep the cause alive for all these years, and to realize that victory is at hand." Not only on these well known lines, but in myriad ways of civic and war work is she now busy, and, incidentally, has always been a perfect housekeeper and an expert collector of beautiful old things. Had she not had Miss Breay and dear, chivalrous Dr. Fenwick by her side she might not have done it all—but there too is proof of her genius—that she has them!

### FRENCH AND AMERICAN COOPERATION

Dr. Hamilton writes, "We are going to work with the American Red Cross Children's Bureau. Miss Leete from Cleveland is Chief

Nurse of the bureau. \* \* Our visiting nurse went to Paris for two months to attend their course on Infant Welfare." After that, the work was taken up in Bordeaux, and the Protestant Hospital, of which Dr. Hamilton is head, gave four children's wards for use in the work, the American Red Cross bearing the expense. We feel sure that as Americans see the remarkable achievements and the intellectual eminence of Dr. Hamilton, as shown in her aims and purposes and in the admirable standards of her hospital and school, there will be American help for the money she so sorely needs to build her new hospital and annexes.

#### ABUSE OF THE RED CROSS INSIGNIA

Reports of British prisoners in Germany, that women wearing the Red Cross have, at railroad stations, spit in the soup or water given them, or have held food and drink toward them and then have emptied it on the floor, are now too frequent and too specific to be disbelieved. We first heard of this early in the war, from Mary Burr, who was then in Switzerland and worked in canteens where British officers and men were fed, who, for special reasons were being transferred from Germany into Switzerland.

When we then read her letter to American nurses they were so certain it could not be true, as no woman could possibly do so, that we felt abashed and hesitated to repeat anything so sensational again. It seemed as if the men *must* have exaggerated, though we knew Miss Burr and knew that she would not. However, these hideous tales are well corroborated. The terrible thing to us is, that these women are often described as "Red Cross Nurses," and some of them have evidently worn a nurses' uniform. Until we had proof that could not be disputed we should continue to believe that these women could not really be nurses, but must be of the laity, with no training in the humanities. If, however, any German nurses had indeed ever so fallen into primitive cruelty, they would surely have to be shut out from all international intercourse that the future may hold. After the war is over, this question must be cleared up, and German nurses must be questioned, heard and judged. If they are able to prove their innocence of this horrible charge, they must have opportunity to do so, and this defence must be made public.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

**WASHINGTON, D. C.**—The District Nursing Association of Washington, Elizabeth Fox (Johns Hopkins Hospital), Superintendent, has leased its nurses' home to the Association of Collegiate Alumnae and moved its office to 1413 G. Street, N.W. The headquarters are now in the heart of the downtown district and as they are very centrally located, they are used as the nurses' sub-station as well. Miss Fox resigned from the association to go to the Red Cross Town and Country Nursing Service on April 1, after having been nearly three years in Washington. In these three years, the association has grown from twelve to seventeen graduate nurses, and it has now pupil nurses from three hospitals for a two months' course each. Miss Woodfall is supervisor in the association and Hannah Fuller instructor of the pupil nurses. The staff also has one nurse doing industrial work in Washington's one large steel plant. Alice Bagley, a graduate of the Huron Road Hospital, Cleveland, and of the eight months' course in public health nursing of Western Reserve University, formerly supervisor and instructor on the Cleveland Visiting Nurse Association staff, is Miss Fox's successor as superintendent of the Washington Association.

**OHIO.**—The following items from the city of Cincinnati's tuberculosis death rate, with special reference to the negro death rate, are of unusual interest right now, when so many northern cities are coping with the new problem of negro migration. Few, if any, of the northern cities were prepared for this entirely unexpected influx of negro labor from the South, consequently the negro has been exploited and the over-crowding resulting from this migration has been, to say the least, dangerous from a hygienic as well as an economic and moral standpoint. The Cincinnati Anti-Tuberculosis Association seems to be tackling the problem from the right end.

Cincinnati, in 1910, had the second highest death-rate from tuberculosis of any United States city of 100,000 population or over, Denver excepted. Denver is a well-known resort for tuberculous people.

An analysis of the city's death-rates from 1910 to 1917 shows the following facts:

1. From 1910 to 1915 it dropped from 290 deaths per 100,000 population to 228, or 23 per cent. From 1915 to 1917 it increased 1.8 per cent. Net drop from 1910 to 1917, 21.2 per cent, representing a saving of 1363 lives in the seven years.

2. Comparing Cincinnati's death-rate from tuberculosis with the average rate of 29 United States cities of 100,000 population or over, it is found that

the net average drop in the 29 cities was but 18 per cent, as compared to Cincinnati's 21.2 per cent. Five of these cities showed an average increase of 16 per cent; one of them an increase of 87 per cent. The net drop for the entire United States Registration Area was but 11.8 per cent. Cincinnati's decline was 22 per cent, or double that of the whole Registration Area. Cincinnati in 1917 was fifth highest among the 29 cities for which data are available, instead of second highest, as in 1910.

3. An analysis of Cincinnati's death-rate from tuberculosis shows that (a) three and a half times as many negroes as whites die from tuberculosis each year in an equal number of the population. (b) While the white death-rate decreased 7.4 per cent from 1912 to 1916, the negro rate decreased 24 per cent in the same time. *The increase in the total death-rate from tuberculosis from 1916 to 1917 was due entirely to an increase in the negro rate*, as the white rate dropped 2½ per cent. This increase may be due in part to the lowering of resistance by the countrywide influenza epidemic in 1916 and undoubtedly can be explained, especially so far as the rise from 1916 to 1917 is concerned, by the recent influx of about 5000 negroes into Cincinnati, who crowded into the already overtenanted negro districts.

4. A comparison of the negro death-rate from tuberculosis in Cincinnati with the average of the fifteen cities of 100,000 population or over, and having at least five per cent negroes, shows that the average for those cities increased 7.5 per cent from 1912 to 1915, the last year for which we have complete data for all of them. The negro rate for the United States Registration Area increased 8.8 per cent in that time, while Cincinnati's negro death-rate from tuberculosis decreased 11.5 per cent from 1912 to 1915. New Orleans showed an increase of 32.5 per cent and Memphis an increase of 42 per cent in those years.

A study of the reasons for this remarkable decline of 24 per cent from 1912 to 1916 shows that considering the chief factors which determine the number of deaths from tuberculosis in any community, namely: diagnosis, economic conditions, housing, curative measures and educational and preventive measures:

The curative work of the dispensary and nursing service of the Anti-Tuberculosis League is so closely interwoven with the educational and instructive work that its effect is difficult to determine. Teaching the patient to prevent the spread of his infection and the family to avoid it is preventive education. The total number of visits of negro patients to the dispensary increased from 80 in 1910 to 547 in 1917. Nurses' visits to negro patients increased from 5 in 1910 to 1164 in 1917, representing an enormous increase in preventive educational work, the most effective type of service.

In 1908, 673 negroes were reached through lectures, literature, etc. Beginning in 1910 and extending through 1914, an intensive educational campaign was carried on among the colored people through the medium of lectures, exhibits, literature, moving pictures, etc. The average number reached during each of the five years was 4875. The total number was 24,395 (not eliminating duplications), which was somewhat more than the average population of 20,890 for those years. The campaign continued from 1910 through 1914. The decline in the negro death-rate began in 1912.

Thus diagnosis, economic conditions, housing and movement of population have been shown to have at least no more than a minor bearing upon the decline in tuberculosis. While the removal of centers of infection through isolation at the sanatorium has kept pace with the death-rate, it has not increased.

Preventive education through lectures, exhibits, etc., and the education and

curative services, as administered by the Anti-Tuberculosis League Dispensary, clearly have been the predominating factors in the decline of the negro death-rate from tuberculosis.

We still have to face the fact that an increase in the negro death-rate has begun. An intensified educational and preventive campaign will be required to overcome it. Because of the influx of negro population into Cincinnati, the housing factor will probably become one of the most important in the fight against tuberculosis.

The following letter from a cantonment zone school nurse will interest many other nurses thinking of zone work. The zone is around a southern camp.

This is the first year anything of the kind has been attempted, for the teachers were supposed to make the physical examinations, such as they were. You would naturally think a city of 55,000 would have at least one school nurse and one medical examiner, but the people did not seem to know the meaning of the word "quarantine" (some don't yet!), for if a child came down with one of the communicable diseases, it received very little attention unless it became critically ill.

It is said that one white child out of every five is left wholly illiterate, that the average citizen gets two and one-half years of schooling, and half of the negroes get none. The average school term is seventy days; the daily attendance is very, very poor. Very little attention is paid to truancy, the city did support one truancy officer but he died recently of "old age." It isn't uncommon to see a grown girl or boy in the first grade, trying to learn the alphabet. Until a few years ago, the parents put these children to work in the cotton mills at the age of seven or eight years; now, fortunately for the children, the Federal Child Labor Law has put it up to fourteen.

The school buildings are just as far behind the times as the pupils. The largest building for white children, which accommodates 1200 pupils, was used for a hospital during the Civil War and a military training school before that. Nevertheless, with all of these drawbacks, we find a great number of children well cared for, physically; we find a greater number sadly neglected. In making the examinations, we find that most of the defects are eyes, teeth, tonsils and adenoids, to say nothing about scabies, pediculosis and personal uncleanliness. Out of forty children examined one morning, we found twelve cases of trachoma, five of pediculosis and four of scabies. The physician asked one little chap what his trouble was and he said cheerfully, "Oh, nothing only the seven-year itch."

If anything abnormal is found, the child is given a note explaining the defect, to the parents, also a card to be signed by the physician, that is to be returned to the teacher after the examination. I follow the most urgent cases into the homes and find them that my troubles have just begun, for a great many of the parents are not able to have the defects corrected. Only those who have tried know what it means to have a field full of necessary work to do and nothing to do it with, no dispensaries, no city hospital, no city physicians, and no social agencies of any description. My one way out was to visit all the physicians in town and see what they could or would do. They responded splendidly and were more than willing to do their part, so when we find an urgent case, we carry it to the doctor ourselves. Then if it requires hospital care, the doctor aids us in getting the child in. We try not to be partial, we want each physician and each hospital to do their bit, but so far a few physicians have had more time for us than others.

Some of the parents work with us readily, others, as well as some of the teachers, will have to be educated up to it before they can see that we are working for the benefit of the children. It so surprised me to hear some of the teachers complaining that we were interrupting the schools too much, that they did not have time to bother with us. When we make a home visit, we occasionally find a mother that will tell us that she can take care of her own child without the aid of the Red Cross nurses, but the majority of them are very cordial and promise, if they never do anything else, to have the trouble attended to.

They will probably greet us with a quid of tobacco or a stick of snuff in their mouths, for that doesn't mean anything, a great number of the middle-class white women, as well as the colored, and even some of the children, use both tobacco and snuff. I have seen people sniff the snuff before, but have never seen it dipped. It is done by making a brush of a green birch limb, by chewing the end until the fibers separate. This is dipped into the snuff and then brushed over the gums. You can imagine how their teeth look. One old woman told me that she would have been in her grave long ago had she not "chawed tobacco and dipped snuff."

I did not begin the physical examinations until the first of the year, so of course we can't expect much improvement for a while, it will take the parents a few months to get their eyes open, but just to see if they were responding at all, I made a rough survey of one school and found that 125 had had the defects corrected; these included teeth, eyes, tonsils and adenoids. As for the cases of pediculosis and scabies, they are too numerous to mention, though we haven't had as much trouble as we anticipated in getting after them. Most of the mothers thanked us kindly for the information, once in a while a woman gave us a "cussin'" in return. One mother was going to sue doctor, nurse and teacher for saying her child had vermin, but I suppose she reconsidered the matter, for two days later the youngster returned to school, her scalp and hair very clean and orderly.

When I informed one mother that her child had scabies, she said, "Well, it beats all how Johnnie picks up all these little things. I knew he had the itch but didn't know he had scabies too." I said, "And you let him go to school knowing that he had the itch?" And she replied, "Well, I didn't think he could do any harm as all of his class had the same trouble." She knew what she was talking about, for upon investigation, we found that quite a number had the disease, and most of them were children from the better-class homes. The teacher said that she had noticed the children did a lot of squirming around in their seats, but she had thought nothing further about it.

No doubt it seems very strange that the mothers do not look after and care for their own children. The trouble is that in the better homes the children are left altogether too much to the colored nursery maids, and in the poorer homes they are left to care for themselves. The mothers work in the mills, some from 6 a. m. to 6 p. m., others from 6 p. m. to 6 a. m.

I have five schools to look after, three white and two colored. One colored school has 1800 pupils. I try to visit each every other day, three one day and two the next. If I find any suspicious case, the child is sent home with a note advising the parents to consult the family physician. Then from about 10.30 to 1.30 I work with the physicians; in the afternoon I follow the children that I have just mentioned, into their homes, to see if they have obeyed orders. The school session begins at nine and closes at two, with two intermissions. Some of the youngsters take a sandwich for lunch, others will buy an ice cream cone or a bag of peanuts if they are near a store, and some will have no lunch at all.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION COÖPERATION BETWEEN HOSPITAL DEPARTMENTS AND THE TRAINING SCHOOL

BY ALICE SHEPARD GILMAN, R.N.

*Assistant Superintendent of Nurses, Rochester General Hospital,  
Rochester, New York.*

(Continued from page 563.)

Supplies and equipment are subjects foremost in the minds of hospital boards and superintendents today, owing to the increased cost of materials of all kinds, and it is absolutely necessary, if we are to maintain the usual standard of work in our institutions, that we conserve, but there can be no far-reaching results until all departments are intelligently informed of the need of this conservation.

Facts in regard to the cost of maintaining each department must be brought to them very forcibly in comparative statements. We get very little response from simply cutting down orders with no other explanation than the increasing cost of such commodities. We must assume that the heads of departments are intelligent men and women who will, if properly approached, avail themselves of every opportunity to demonstrate their ability to run their particular part of the work better than ever before. That they may visualize conditions regarding costs, they should be given definite information as to the condition of the market, should be asked to express opinions regarding the best materials for purchase or, in other words, should be made to feel that they are a part of the machinery of the hospital. Hospital superintendents, it would appear, have made a mistake in the past by keeping the facts regarding the financial operations of the institution so mysteriously hidden from their assistants.

Individuality must be developed. No person of any enthusiasm or initiative is coming into an institution to pick up a collection of obsolete traditions and carry them about for any length of time, without deciding that they have outgrown their usefulness in their present state or that they need rejuvenation. New ideas are the things that force progress upon us, we must have them if we are going to stay in the race. So, when they come, accept them gladly. There are always some which are valuable and which will repay for the time spent listening to the visionary ideals.

Coöperation, to our mind, does not consist of absolute agreement with one person's ideas, that is more a form of autocracy. Coöperation should mean the selection of a group of ideas which are most applicable to the need of a given undertaking and the combined efforts

of many members to bring them to perfection. It seems reasonable that much more coöperation would be secured if the heads were regularly called together and brought face to face with the operating cost and given the privilege of suggesting ways and means of decreasing this cost without harm or inconvenience to the patient. There are few individuals who do not possess some degree of initiative, thrift or originality, if given an opportunity to develop it. This will not come about through lack of individual expression and suppression of initiative when demonstrated. If a head of a department feels that the superintendent of the hospital or of the training school is desirous of accepting good suggestions, she will put more effort into developing her department. We have often heard these people say, "I could do this or that if I could only get some coöperation" from another department closely affiliated or from the superintendent of the hospital.

There is no one who does not lose enthusiasm after butting against a stone wall for a long period of time with no result, and some institutions have not succeeded in developing their greatest service in the community because they have not considered individual expansion and development as necessary, subsidizing each department under a general head, instead of each departmental head standing out as an entity in herself. We need persons well trained and with ability and enthusiasm in these positions. They must be well paid and given an opportunity to develop the position and themselves. One such person is equal to two average individuals who can carry the mechanical operation of a department but who do not add to the hospital organization a force which must develop it. A hospital staff composed of such heads coöperating to the fullest degree means decreased cost through elimination of waste, and increased efficiency through a better service to the community.

The standardization of equipment is initially a very expensive procedure and unless it can be rigidly maintained in each department the result is not far-reaching. This means that every article must be accounted for each week or month, whichever the case may be, and that it must be kept in the best of order, well taken care of at all times and used only for the purpose for which it is intended. When this is not done, much is lost or broken by the end of the year and with no satisfactory explanation for its disappearance. Each head of a department must hold her nurses or employees responsible for whatever part of the equipment they use and must see that when the standards are inventoried at regular intervals her count is intact or that she has a definite explanation for breakage, as all maintaining of standards should be done through an exchange. If this method is adhered to, the hospital will save hundreds of dollars each year as

well as render much better service, having an equipment which will facilitate the duties of the nurse or employee as well as make them more efficient. No one person can handle this situation successfully; she may inaugurate it but it cannot be maintained without coöperation from every department. The results to be obtained through such coöperation cannot but be easily realized after outlining the needs. When people of equal ability and training are working together, each an expert in a special type of work, each recognizing the ability of the other, meeting her half way and realizing the common end for the general good, we may be able not only to outline but to carry to a successful issue some of our ideals.

Do not for a moment think that a millenium is expected, it is not. Nor is equal ability expected in all lines, but the majority of individuals possess an ability of a type which may be equal to another ability and yet not be synonymous. We should have the very best people we can find for each department, and coöperate to the last degree with the policies outlined to meet the real needs of the individual institution which will render it a valuable asset to the community. But no business which is run on a *laissez-faire* policy is fulfilling its greatest service. Hospitals, although in the most part philanthropic or municipal and state enterprises, have quite as great a need of efficient administration as any modern business house, the difference being only in the product. The modern business estimates the degree of its success upon its financial returns, the hospital upon its value to the community, or the amount of service rendered for each dollar spent.

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#### MORTALITY OF MOTHERS IN CHILDBIRTH

Of the two and three-quarter million women of child-bearing age, from 15 to 44, the majority of whom are wives and mothers, holding policies in the industrial department of the Metropolitan Life Insurance Company, 1769 died during 1916, from diseases and conditions incident to childbirth. The number of deaths was 7.01 per hundred thousand white female policy holders, ages 15 to 44, in 1911 and 62.6 in 1916. Among colored women of the same ages, the rate was 88.4 per hundred thousand in 1911, as against 70.4 in 1916. In other words, the general conditions of mortality from the puerperal causes were practically the same among colored women in 1916 as among white women only six years earlier. Childbirth fever or puerperal septicemia was the most important of the particular diseases and conditions responsible for this maternal mortality, being responsible for 41 per cent of these deaths. To albuminuria and convulsions associated with child-bearing can be credited 29 per cent; to the accidents of labor, 10 per cent; to the accidents of pregnancy, chiefly abortion and miscarriage, 8 per cent; and to puerperal hemorrhage, 8 per cent. These figures show a continued decrease in the death rate in the year 1916 from the causes associated with childbirth.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**DECLINE OF TYPHOID.**—The *Journal of the American Medical Association*, referring to its annual summary of typhoid death rates in American cities of over 100,000 inhabitants, says it is of great interest to note the remarkable decline in the total average typhoid rate that has occurred in the large cities of this country since 1910. A very great improvement has taken place and the rate will bear comparison with that in a similar population anywhere in the world.

**DIABETIC BREAD.**—A writer in the *British Medical Journal* states that he causes to be prepared from peanuts, in the patient's home, a nutritious and palatable bread that can be sliced and that keeps well. The peanuts are dried, shelled and the nuts ground. To eight ounces are added two ounces of casein, obtained by coagulating milk with lemon juice or rennet; salt to season and twelve ounces of well beaten whites of eggs. The whole is thoroughly mixed and baked in a pan. The bread is inexpensive and palatable and the patient does not tire of it.

**OCCUPATION THERAPY FOR WOMEN.**—The *Medical Record* says that in the school of Practical Arts of Teachers College, Columbia University, a course has been established to qualify women to give occupational instruction to crippled, disabled and shell-shocked soldiers. To obtain a diploma seven courses must be completed, including the medical aspects of occupation therapy, the methods of teaching this treatment, observation and practice work with patients in institutions, the elements of physiology, art structure (design), and at least two craft courses. The teacher of occupation should understand sick people, have the psychological background for teaching, and be skilled in arts and crafts, the principles of design and the use of color. The new therapy is to be explained by specialists in nervous and mental diseases.

**REMOVAL OF ARGYROL STAINS.**—The *Journal of the American Medical Association* advises a correspondent to use a salt grease, such as bacon fat, followed by soap and water to remove argyrol stains from hands or clothing. Silver stains on towels, etc., can be readily removed by the application of dilute solutions of mercuric chloride.

**INFECTION FROM SODA WATER GLASSES.**—The use of public drinking cups is prohibited in many states, but the use of the common soda water glass is unchecked. Washing does not affect its germ-

spreading status. The *Maryland Medical Journal* suggests that this disease-spreader should be abolished. The very cursory cleaning to which it is usually subjected is utterly ineffective.

**CONTINUANCE OF INFECTIBILITY OF WHOOPING COUGH.**—A French medical journal states that bacteriological findings confirm the old idea that whooping cough is not contagious after the fifth week. Children can thus be sent back to school after four weeks of the paroxysmal cough, even though it still keeps up, according to this authority. In the writer's personal experience whooping cough was contagious only in the first two or three weeks and there was no use in enforcing isolation after the fourth week from the first symptoms. In measles, scarlet fever and mumps as well, it is said contagion is to be feared at the beginning, not after the disease is well under way.

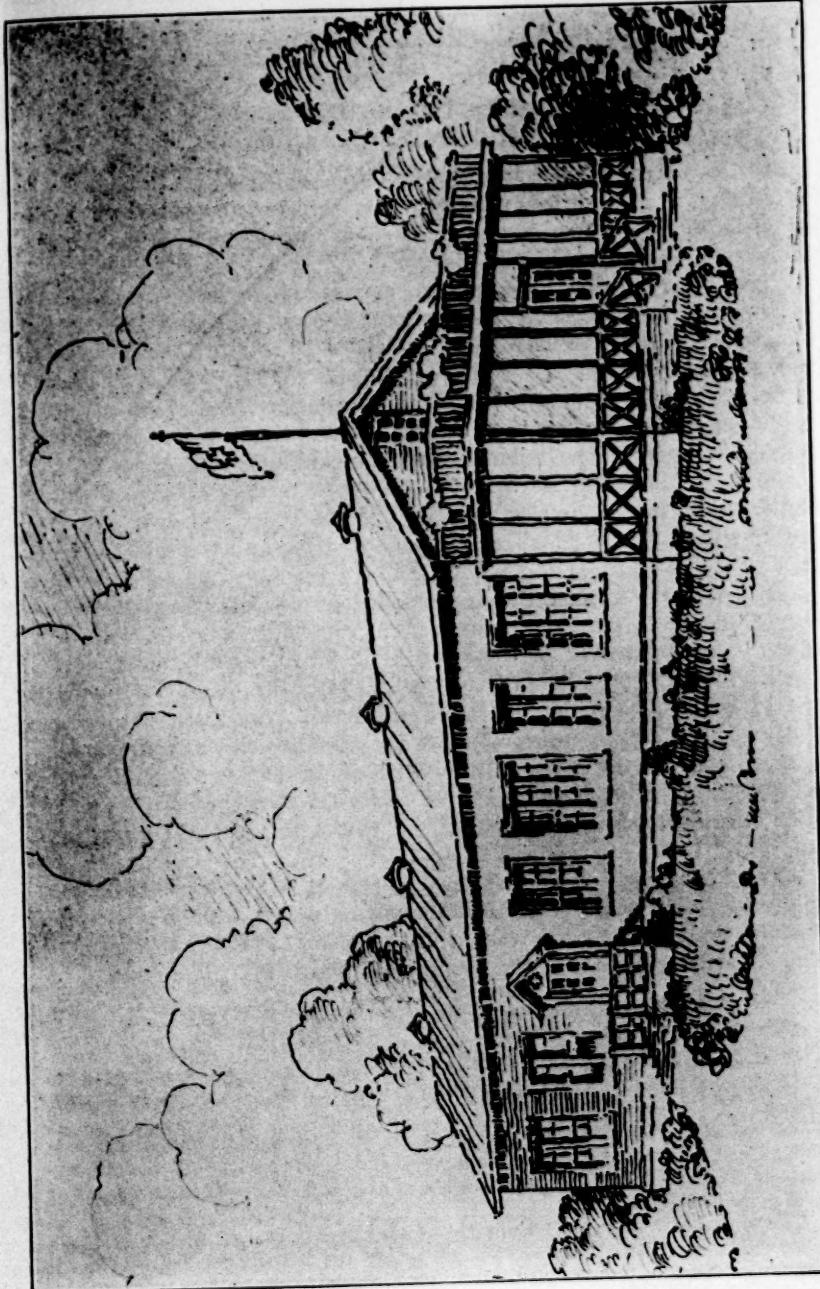
**A NEW PROCESS ETHER.**—The *Medical Record* publishes an article on a new form of ether discovered by Dr. James Cotton, one of the surgeons of McGill University, Montreal. He discovered that perfectly pure ether, for the manufacture of which an entirely new process had to be devised, is not an anesthetic at all, but produces on inhalation merely a transitory stimulation, similar to that from alcohol. Commercial anesthesia ether contains two sets of impurities, one set produces the anesthesia which we have been attributing to the ether itself, and the other causes the undesirable after effects which have been so great a drawback to the administration of ether. Ethylene is the gas present in ordinary ether which produces analgesia, and Dr. Cotton added this to the pure ether. The result was that the patient felt no pain, but did not lose consciousness and did not suffer later from nausea and vomiting. It can be used during the changing of painful dressings and has proved most useful in obstetrics, where the small quantity needed to abolish pain seems to have no influence in retarding labor or in producing other undesirable effects.

**THE PROCHOWNICK DIET.**—The *Journal of the American Medical Association*, in answer to an inquiry says this diet was prescribed for pregnant women threatened with dystocia, on account of contracted pelvis, excessive development of the fetus with normal pelvis, or fat and weak abdominal walls. It is used during the last eight weeks of pregnancy when the fetus develops fat, and should decrease the size and weight of the child, while strengthening the mother. The essentials are withholding of carbohydrates and fluids and supplying a sufficient amount of proteins. It is practically an anti-fat diet: morning, small cup of coffee without sugar, small thin piece of bread,  $\frac{3}{4}$  ounce; noon, all kinds of meat, fish without sauce, eggs, a small

quantity of green vegetables, salad and cheese; evening, same as noon, one medium piece of bread,  $1\frac{1}{2}$  ounces, eggs, butter and meat. A small bottle of red or white wine is allowed, or an equal quantity of water, during the day. Large quantities of liquid, soups, potatoes, desserts, sugar, etc., are forbidden.

**MODIFICATION OF COW'S MILK FOR INFANTS.**—A Paris medical journal states that it has been found satisfactory to give half milk and half boiled water, sweetened to 10 per cent, to infants during the first days, and two-thirds milk to one-third sweetened water during the first four months. After this three-fourths milk and one-fourth water. If the child is thriving then pure milk, slightly sweetened, can be given. If digestive disturbance develops, the one-fourth, or one-third mixture is returned to. When these modifications are well mixed and well sterilized, most healthy infants digest them perfectly.

**RE-EDUCATION OF PARALYTICS.**—*The Medical Record* recommends in an editorial three methods of inducing a paralyzed person to assist towards his own recovery. First, holding out the prospect of recovery; second, making the necessary exercises interesting; third, representing progress graphically, so it can be appreciated by the eye. The first is usually practiced by the physician. The second requires consideration. Physical exercises without an easily recognized object are very monotonous and the patient soon becomes bored and neglects them. By utilizing the play spirit, the desired object can be attained. Pitching a tennis ball into a basket several yards off and registering the number of successful throws will rouse an interest, or throwing a dart at a target, or tossing a bean bag at a circle on the floor; anything which permits of a score being kept will rouse the patient's interest. Third, recording the progress by means of charts, the more striking the better, is helpful. Big black and red lines showing upward sweeps are good. If the patient is able to pick up a tennis ball with the paralyzed hand in forty seconds the first day, thirty-eight the second, and thirty the third, the upward curve gives him great encouragement and he is eager to continue his efforts at improvement.



Plan Adopted by the American Red Cross for Nurses' Recreation Houses To Be Erected in the Cantonnements.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Nursing Service*

### RECREATION HOUSES FOR NURSES

Nurses in our cantonment hospitals will very soon be watching the white walls and red roofs of the new nurses' recreation houses taking shape and color.

The American Red Cross at the request and with the approval of the Surgeon General, has contracted for the erection and furnishing of forty such houses, which are in reality, club-houses for the nurses. They are distinct from the Red Cross Houses for Convalescents which are being built in connection with the base hospitals.

A general idea of their plan and appearance is given by the accompanying perspective. Most exacting care is being given to the comforts within. The main room (30 by 75 feet) will have a great open fireplace along one side; and though the room will ordinarily be used as a living room, it will also be adapted for an assembly hall and can be used for dances and receptions.

There will be a small balcony which may be utilized among other ways, for operating moving-pictures. From the great room will open a library, a sewing-room equipped with machines and all conveniences, a small laundry and a fully equipped kitchen. The furnishings throughout have been planned to the last detail. A piano and victrola, folding chairs for assembly purposes, the gold-brown walls and dainty lounges, even the lighting fixtures with their design suggesting the Red Cross, have been selected and combined to express a sense of home, and to supply the needs and add to the comfort of cantonment life.

The houses will connect with the nurses' quarters. As one of the Red Cross Convalescent Houses was erected exactly six weeks from the time the contract was let, it is hoped that there will be little delay in the completion of the recreation houses for the nurses.

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### THE "FIFTY-FIFTY" RULE

By order of the U. S. Food Administration:

With every pound of wheat flour sold at retail, there must be sold an equal weight of other cereals: Corn, oats, barley, rice, etc., etc., singly or in any assortment.

Taking in consideration the use of these other cereals in breakfast foods, puddings and so forth, as well as in bread-making, this means—in the average home—in comparison with ordinary use—a cupful less of wheat in the pound, a cupful more of the substitutes.

To the nation it means the fulfilment of our obligations.

To Europe—to our armies and the Allies and the friendly neutrals—it means safety from the scourge of starvation.

## LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### A PROTEST

Dear Editor: Our attention has been drawn to an article headed "English Nursing Politics" published in the AMERICAN JOURNAL OF NURSING for February. As this article is evidently written under a misapprehension of the situation and as it is based upon a biased account given in the *British Journal of Nursing* of the present condition of the Nursing World in England, may we be allowed to give a short account of the existing state of affairs in the nursing world.

The article in question says that an "odious element which has been the affliction of British nurses for thirty years, is still busy trying to enslave them in a web wherein the College of Nursing, state registration, and public aims are woven with the intent to keep them professionally helpless."

It seems only right that American nurses should hear the other side of the question, and be told that many thousand English trained nurses at the present moment are looking to the College of Nursing to regularize and consolidate their status, and to raise the standard for those of their sisters who are now going through their training. The College came into existence as a result of the great lack of uniformity and (in many cases) efficiency in the training of nurses which the present war revealed. Its avowed objects are to obtain (1) State registration for the trained nurses; (2) the protection of the interests of trained nurses; (3) the raising of the standard of training; (4) the establishment of a uniform curriculum of training and one portal examination; (5) the establishment of lectureships and scholarships.

These are the objects which the promoters of the College have set themselves to attain. Eventually, the College will undoubtedly be the great educational authority in all matters connected with the training of nurses and there is no doubt that the college will also have very material influence in securing an increase in the pay of nurses and an improvement in the general conditions under which they serve.

The constitution of the College of Nursing is spoken of in the article as being "tyrannical." How far this statement is removed from the truth is shown by the fact that the Council consists at present of: twenty-three trained nurses (many of them matrons of the chief training schools); one woman doctor; nine doctors; and only three laymen. Surely where the question of the training of nurses is involved those who are actually engaged in this work are the best qualified to speak. Moreover, in May next the Council of the College becomes elective and one-third of the members of the existing Council will vacate their seats and will be replaced by representatives elected by the nurses themselves who are members of the College. By May, 1920, the whole Council will thus have been placed upon a democratic basis, and if there are doctors and laymen still upon it, they will be there by the vote of the nurses.

Exception is being taken to the appeal made by the British Women's Hospital Committee for funds to start the College of Nursing, and also for a Tribute Fund for sick and disabled nurses. It is obvious that large sums of money are required for the foundation of the College on adequate lines. Nurses themselves are not in a position to contribute these sums, and the public will not give unless asked. The majority of nurses would probably prefer that someone other than themselves should press their claims to recognition. It seems

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somewhat ungrateful, therefore, to say that "trained nurses object to alms," when the British Women's Hospital Committee have said publicly that there is no thought of charity in the subscription, but that it is the payment of the debt owed by the country to those who are nursing England's sailors, soldiers and civilians.

We hope that what we have written above will be sufficient to show how misleading was the information upon which the article in the AMERICAN JOURNAL OF NURSING was based. In fairness to the British nurses who are whole-heartedly supporting the College of Nursing, we venture to express the hope that you will find room in your next issue for the insertion of this article.

(Signed)

ALICIA DAY STILL,

Matron St. Thomas Hospital and Superintendent Nightingale's Training School.

(Signed)

MAY HUGHES,

Member of Council of Queen Victoria's Jubilee Institute for Nurses, Late  
General Superintendent Queen Victoria's Jubilee Institute for Nurses.

(Miss Dock assures us that her criticism and use of the term "odious element" was not intended to apply to professional women, but rather to men and women of the reactionary public who have been the leaders in this movement.—Ed.)

#### ANOTHER PROTEST

Dear Editor: May I be permitted through the pages of the JOURNAL to enter a vigorous protest against the treatment accorded a guest invited to read a paper at one of the convention meetings at Cleveland. Miss Nutting's attitude toward Dr. Goldwater was an exhibition of discourtesy and tactlessness which it would be difficult to equal, and which should not be allowed to pass unnoticed. It is not necessary at the present time to discuss the pros and cons of the controversy, but we have indeed reached a difficult pass when our leaders cannot listen calmly and courteously to views which do not coincide with theirs. Dr. Goldwater has upheld the standards of the nursing profession in a sane and rational manner ever since we have had any standards to uphold; he has a national reputation for fairness and sound judgment and he had every right to expect and receive from the representatives of the nursing profession the consideration and respect for his views which they receive from the Federal authorities. Moreover, as a graduate of the Mt. Sinai Training School for Nurses, I deeply resent Miss Nutting's arraignment of the Mt. Sinai Hospital and its methods, which it should be needless for me to say are far in advance of the majority of the hospitals in the United States.

New York

JENNIE GREENTHAL.

#### X-RAY WORK FOR NURSES

Dear Editor: The technical part of X-ray work is comparatively easy and quickly learned. While it is dangerous in the hands of an inexperienced person, causing, perhaps, personal harm to the operator and the patient, damage to the machine and waste of expensive material, the knowledge is a great asset to the trained nurse. I began studying about six months ago and now I do practically all the technical part of the X-ray work for a forty-bed hospital and for several dentists, and I teach all the senior nurses in the training school the X-ray technic. We all realize the important part the X-ray plays in surgery today. If we, as nurses, are to give the help to suffering humanity that we would like, or if we are intelligently to assist the doctors with whom we work, we must have some knowledge of this wonderful machine. There are several

good text-books on the subject and some of the companies that manufacture X-ray plates give out bulletins from time to time. Heads of training schools should see to it that their classes are provided with them. Too much cannot be said in favor of encouraging nurses to take up X-ray and pathological work, for research and preventive measures are the lines along which our profession is to develop.

Mississippi

M. H.

#### THE PROBLEM OF RELIEF ON A LONG CASE

Dear Editor: A nurse of my acquaintance has been with a tubercular case for about a year and a half. For the greater part of this time she has been attending her patient, first, in a general hospital and, later, in a private sanatorium. She has been relieved by the institution nurses for daily off duty and at the sanatorium for two full days once a month, I think. Some time ago she was able to take her patient home, much improved, but still in bed and requiring attention at night. Recently I relieved her for two days, when she went up to take the state board examination. On her return she paid me herself and in reply to some comment on my part, said she had been doing this since leaving the sanatorium. As this case will probably last a year or two longer, I am wondering if the nurse is not entitled to a day or two off duty once a month with pay. Or is it usual to do as this nurse is doing?

Massachusetts

L. H.

#### DIFFICULTIES OF THE DIETITIAN

Dear Editor: The JOURNAL is I know, edited primarily for nurses, but as nearly every hospital has a dietitian who necessarily must work with nurses and for the nurses, I beg a little space in your magazine to say a word in behalf of the dietitian.

A year ago you published an article which ended in this manner: As for the dietitian, she is a problem by herself. Good dietitians are few and far between. It may be true, but being a dietitian myself, I want to show you some of our problems and ask you to be fair with us. Out of five years of my own experience and the confidences of many friends, I have been able to observe closely the inside workings of many hospitals, large and small, and to form some general conclusions about them.

No two hospitals are alike. In fact, they are so unlike that a year's experience as dietitian in one is hardly any preparation for the work in another. But in one respect they are nearly all the same. The diet kitchen is generally in the most desolate spot, the basement, with cement floors, poorly ventilated, near the noisy ice plant, or it is tucked in among the patients' rooms where the least sound of dishes or voices disturbs the patients and is likely to bring the wrath of the superintendent down on the head of the offending nurse. As a nurse once remarked, "The diet kitchen ought to be a padded cell."

Two happy years I spent in an airy, sunshiny, white-tiled kitchen on the top floor, with a hooded gas stove and a ventilating fan in the window. Visitors were brought in daily to see the rows of trays, bright with snowy linen and shining silver. They were also shown the cupboards full of shining aluminum utensils and the icebox with its trays of salads and desserts. Visitors furnish such an incentive for polishing and scouring.

A dietitian is trained in household economics, in other words, she knows the cost of all kinds of food and the amount of nourishment that is in them.

Therefore she is able to make out menus that will give the nurses and patients the most nourishment. She knows which foods keep the best and should be bought in large quantities, and which foods should be purchased daily. She knows that the cheaper cuts of meat, the second grade of vegetables, and the smallest apples and potatoes are not always the most economical, when it is a question of hiring more servants to prepare the vegetables and using more gas to stew the meat. But in how many hospitals is the dietitian allowed to use her own judgment in such matters? In most hospitals the superintendent or directress does the buying and supervises the menus. The superintendent is either a business man, a doctor or a nurse. Has any one of them spent two years studying household economics and chemistry of food?

Many diet kitchens are made absolutely fool proof. The rules are laid down from time immemorial. Even the menus are made out and must be adhered to by every dietitian who has charge. Roast beef on Monday, roast lamb on Tuesday and Saturday, chicken on Wednesday and Sunday, fish on Friday, being institutions that could not be changed without the approval of the board of trustees. What originality could exist in such a place? What scope is there for the mind and energy of a college-bred woman? The kitchen becomes a mere deadly routine of three meals a day and all the trays to be washed.

The dietitian is expected to nourish the patients and tempt their appetites. How can she do this if she dare not use eggs and cream and butter? The number of trays varies from five to ten for each meal. How can she order in the morning exactly enough, and not one more string bean than she will need for supper? If three patients go home at five o'clock and there are three potatoes left over, is that her fault?

Why is the superintendent always ready to buy new instruments for the operating room and not willing to buy sufficient spoons and pans for the diet kitchen? Imagine preparing daily three regular meals for fifty patients and all the special diets, with three nurses and a dietitian all working with one paring knife and one egg-whip. Is it any wonder that one loses ambition and temper under such conditions? Is it fair to accuse her of carelessness when cooking utensils wear out? A double boiler will last for years in a private home, but not in a hospital where it is used three or four times each day by inexperienced nurses and washed as many times by an ever-changing succession of maids or men.

In many hospitals the members of the managing board, the ladies' auxiliary, the hospital alumnae, and numerous other organizations are entertained. The dietitian always makes the cakes and the sandwiches, plans the favors and helps with the serving, all outside her regular hours on duty. She is always so willing and pleasant about it. You say it is good experience for her and no one else in the institution is able to do it so well. Granted, but who would ask a brick-layer who has laid bricks all day to build another wall until midnight for their amusement?

Enough of this complaining. There are hospitals, bless them, in which the dietitian has absolute charge of her department. She plans her menus, buys the food in the market, hires the help to prepare it and discharges them if they prove incompetent. What a satisfaction to be able to handle a situation yourself and not have to refer every little difference between the maids to some higher authority! What a feeling of self-respect it inspires. Energy and the desire to improve follow. Surely, these are of more value to an institution than blind obedience and uninspired routine.

MABEL C. MILLER.

## LETTERS FROM NURSES IN FOREIGN SERVICE

## I.

Dear Editor: You may be glad to know the interest of the nurses over here. Today when the Metro had stopped and it was almost impossible to get a taxi, one nurse walked for an hour and forty-five minutes, then by the help of two French officers managed to get a taxi for eight francs for the rest of the way (ordinarily the fare would have been about 1 fr. 50), and another nurse walked for two hours in order that the babies might not miss their feedings. It was the only way they could reach their milk stations. We are just finishing a two months' intensive course on child hygiene for our *visiteuses d'Enfant* who are to be sent out under the direction of the American nurses to assist in the campaign against infant mortality. Another course is to be started in Lyons in April. In our department, a branch of the Children's Bureau took care of 1731 patients last week, 110 of them being in the hospital and 523 refugees. In another hospital there were 112 patients. With the lack of doctors, the crowding together in many places, and the lack of control, you can readily imagine what the danger from contagious diseases would be and how valuable is the guidance of the public health nurse. From Blois the doctor writes that many of the infants are "like dried up old men and women, the sight is heart-breaking." You may be interested in knowing that the nurses in Paris were able to give assistance to the refugees who were evacuated from Noyon, Arras, Amiens and Compiègne. After this last big drive there were thousands of them who were sent through Paris. How many we do not know yet. I will tell you what happened in one station where I had charge the second night. At eight o'clock there were a few hundred of them at the station, which is used as a canteen, and it seemed very quiet. At nine, on trains from the north, arrived the old, the sick, the lame, with their big bundles, dogs, cats, chickens,—all of their earthly possessions in their hands. Between nine at night and nine the next morning, 5000 people went through this station. They slept on the floor and they sat on the benches. I never heard one complaint, not even when our food gave out, and for a time we had no bread to give them. However, we were able, before they started, to give them a hot drink and some food. As the station was overflowed a cinema which is near the station was opened, and later, the Y. M. C. A. opened its place for a hundred refugees. Ambulance men were there to meet the wounded soldiers and take them to the hospitals, and between trains, they transferred these hundred people to the Y. M. C. A. hotel, which is near the station. The Red Cross and all the other organizations had soon organized themselves into a group to take care of the refugees as they passed through Paris. French people, of course, are always sympathetic and kind to them. The sight of tiny babies and old people, with no member to help them, leaving all they have behind them, is one which is never to be forgotten. We are glad we were here to help just a little bit, and I thought you might like to know that the nurses were able to give some assistance.

Paris

H. L. L.

## II.

Dear Editor: It is indeed a busy, busy time these days in the midst of the big battle that is going on. When you realize that it is in progress about the same distance away from us as Princeton is from Philadelphia, you will understand what our work must be. The outcome of the battle will mean much to us here. We eagerly read the *Communiques* each day and wonder the rest of the day what is doing. Possibly you at home in the States know more than we do who are so close. The soldiers are wonderful, though, and make us ashamed of ever

complaining as we sometimes do. I just wish you could see some of the big wounds they have and never a grumble or a groan, they just smoke and smoke and joke with us. It has taught us a big lesson, if we only take it to heart. We are looking forward to the first number of the JOURNAL.

France

M. D.

#### HISTORY OF NURSING

Dear Editor: We have emphasized strongly the need of organization and organized effect. May we not wisely emphasize for some time to come, the responsibility of the individual nurse in bringing about the new spirit that is needed?

One of the greatest needs of our system of nurse education is more teaching of the History of Nursing.

If it is important that our normal schools teach History of Education to imbue teachers with high ideals of Pestalozzi, Arnold of Rugby and Horace Mann, does not the nurse need in fully as large a degree the inspirations and ideals to be gained from a knowledge of those noble women of the Society of Friends, Elizabeth Fry, Florence Nightingale, the Angel of the Crimea, and our own Clara Barton?

Many pupil nurses become dissatisfied as soon as they are put on night duty, and many drop out of training at that time. May it not be that night duty would not seem so hard if those young nurses had their first enthusiasm sustained in the early trying experiences of hospital life by the vision of Florence Nightingale as she quietly ministered to those uncounted thousands in the Crimea?

Let us make our nurses familiar with the History of Nursing early in the course of training, at that impressionable period when their highest ideals take form.

Let the History of Nursing be brief enough to be used as a textbook and inclusive enough to give the nurse a realization that she is a part of the noble band of the world's workers, and that her calling has a dignity which she will want to help uphold.

I would not urge the over-education of nurses, but I wonder if we do not sometimes put too much stress on non-essentials and forever miss instilling into our pupils the larger world vision that will enable them to realize the import of the words of our Divine Master when He said, "For even the son of man came not to be ministered unto but to minister."

SR. MARY JOAN.

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

#### THE AMERICAN NURSES' ASSOCIATION

The twenty-first annual convention of the American Nurses' Association was held at the Hotel Hollenden, Cleveland, Ohio, May 7-11, with preliminary meetings of committees, directors and the Advisory Council on the 6th. There was a very large attendance, 1435 being recorded. Nurses were present from all the state associations except those of Delaware and Wyoming. Two territorial associations were accepted into membership, those of Alaska and of Hawaii. The proceedings of the convention with the papers read at the sessions of the American Nurses' Association and at most of the joint sessions will appear in the August JOURNAL which will be the convention number. The following officers were elected: President, Clara D. Noyes, Washington, D. C.; vice presidents, Susan C. Francis of Philadelphia and Sarah E. Sly of Birmingham, Mich.; secretary, Katharine DeWitt, Rochester, N. Y.; treasurer, Mrs. C. V. Twiss, New York City; directors, 1918-1922, Jane A. Delano and Agnes G. Deans of Washington, D. C., Anna C. Jamme of Sacramento, Calif.; directors, 1919-1920, Ella Phillips Crandall and Annie W. Goodrich of Washington, D. C., and Adda Eldredge of Rochester, N. Y. The biennial convention in 1920 is to be held in Atlanta, Georgia.

#### COMMITTEES

The full list of committees will be published in the August JOURNAL. The Programme and Arrangements committee will not be appointed until next year. The following are the chairmen of other committees: Eligibility, Mrs. C. D. Lockwood, Pasadena, Calif.; Publication, Mary C. Wheeler, Chicago; Nominating, Marietta B. Squire, Newark, N. J.; Relief Fund, Elizabeth Golding, New York City; Revision of By-laws, Sarah E. Sly, Birmingham, Mich.; Finance, Mary L. Keith, Rochester, N. Y.

#### THE NEW JERSEY SURVEY

The New Jersey State Committee on the Nursing Survey reports as the final summary for that state: Pupils enrolled in training schools, 1008; graduating in 1918, 406; enrolled Red Cross nurses, 404; graduate nurses, not registered, 528.

#### THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

At a meeting of the Isabel Hampton Robb Memorial Fund Committee, held in Cleveland on May 9, the following applicants were awarded scholarships: Martha E. Erdmann, Sioux City, Iowa; Mary K. Thatcher, Philadelphia; Anna Scott, Hackensack, N. J. The lists will be kept open until July 15th for further applications. It was decided to award two special scholarships of \$50 each to applicants wishing to prepare for teachers of nurses by taking a summer course in an approved school. Applicants are reminded that the McIsaac Loan Fund is available for loans in sums of not more than \$100 at two per cent interest for a five-year period. The course in social service in Philadelphia has been added to those recommended by the committee.

## THE NURSES' RELIEF FUND, REPORT FOR APRIL, 1918

## Receipts

Previously acknowledged .....	\$2,987.50
St. Luke's Hospital Alumnae Association, St. Louis, Mo. ....	5.00
Ellen V. Robinson, Chicago, Ill. ....	5.00
Elizabeth M. Reading, Montclair, N. J. ....	2.00
Mrs. Janette F. Peterson, Chairman California Relief Fund Committee..	81.50
Sarah Van Gelder, Newark, N. J. ....	3.00
Grace Hospital Alumnae Association, Detroit, Mich. ....	10.00
Jennie J. Quinn, Chicago, Ill. ....	1.00
New York City Training School for Nurses, New York City .....	25.00
Rose W. Scott, Rosemont, Pa. ....	10.00
The Lankenau Hospital, Philadelphia, Pa. ....	15.00
Mrs. Agnes J. Gibson, Philadelphia, Pa. ....	1.00
Members of Harrisburg Hospital Alumnae Association, \$1.00 each: Mrs. Charles Mitchell, Mrs. Harry Davis, Mrs. J. Harry Steele, Cora Willis, Susan Hoofnagle, Martha Offman, Josie B. Lewis, Marguerite Hummel, Frankford Lewis, Bertha L. Lilly .....	10.00
Muriel Hamilton, Ontario, California .....	1.00
Rose M. Wood, Elmwood, Ill. ....	4.00
Kern County Association of Graduate Nurses, Bakersfield, Cal. ....	10.00
Grace M. Hargrave, Jacksonville, Fla. ....	1.00
Miss W. G. Brothn, Hot Springs, Ark. ....	1.00
Nellie Turner, Oakland, Cal. ....	1.00
Marie A. Jacobson, Oakland, Cal. ....	1.00
Estelle L. Moulton, Indiana, Pa. ....	5.00
Mary M. Riddle, Newton Lower Falls, Mass. ....	2.00

## Disbursements

\$3,182.00

Application approved, No. 1, 39th payment.....	\$ 5.00
Application approved, No. 2, 28th payment.....	5.00
Application approved, No. 5, 15th payment.....	20.00
Application approved, No. 6, 24th payment.....	15.00
Application approved, No. 7, 18th payment.....	15.00
Application approved, No. 11, 15th payment.....	20.00
Application approved, No. 12, 18th payment.....	10.00
Application approved, No. 13, 4th payment.....	15.00
Application approved, No. 14, 2d payment.....	15.00

\$120.00

13 bonds par value .....	\$3,062.00
2 certificates of stock .....	\$13,000.00
4 Liberty Bonds .....	2,000.00

4,000.00

Balance May 1st ..... \$22,062.00

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 Street, New York City, and cheques made payable to the Farmers Loan & Trust Company, New York City. For information, address E. Elizabeth Golding, Chairman, 317 West 45 Street, New York City.

M. LOUISE TWISS, R.N.,  
Treasurer.

**THE NATIONAL LEAGUE OF NURSING EDUCATION**

Wanted, the address of Martha Wallace of New York City. The copy of League proceedings sent to her last address was returned to the secretary. All members of the League are asked to help the secretary keep a correct file of addresses by reporting to her any change they may make. The new secretary of the League is Laura R. Logan, Cincinnati General Hospital, Cincinnati, Ohio.

**AMERICAN PUBLIC HEALTH ASSOCIATION**

The next meeting of the American Public Health Association will be held in Chicago, October 14-17, 1918. The central theme of the meeting will be The Health of the Civil Population in War Time.

**NAVY NURSE CORPS, U. S. N.**

**Appointments.**—Florence Sutherland, Evanston, Ill., Evanston Hospital; Edith A. Oswald, Pittsburgh, Pa., Allegheny General Hospital, charge nurse, operating room, St. Margaret's Hospital, Pittsburgh; Ethel R. Parsons, Baltimore, Md., transferred from U. S. Naval Reserve Force to Nurse Corps, U. S. N.; Florence Field, Atlantic City, N. J., Atlantic City Hospital, N. J.; E. Blanche Seyfert, Lancaster, Pa., St. Joseph's Hospital, superintendent of nurses, Frederick City Hospital, Md.; Edith M. Smith, Munroqua, Wis., German Lutheran Hospital, Sioux City, Idaho, Institutional Work, St. Mary's Hospital, Wausau, Wis.

**Assignments.**—Fredricha Braun (Chief Nurse) to Gulfport, Miss.; Vera O. Harmon to Gulfport, Miss.; Edith M. Smith to Great Lakes, Ill.; Blanche Seyfert to Cape May, N. J.; Florence M. Field to New York, N. Y.; Edith A. Oswald to Annapolis, Md.; DeLyla G. Thorne (acting Chief Nurse) to Naval Dispensary, Annapolis, Md.; Adele Scudder to Naval Dispensary, Annapolis, Md.; Mary L. Frissell to St. Agnes Memorial Hospital, Denver, Colo.; Catherine A. McNellis to Norfolk, Va.; Blanche L. Brown to New York; Violet S. Gass to Philadelphia.

**Promotions.**—Fredricha Braun, Chief Nurse, U. S. N., DeLyla G. Thorne, Acting Chief Nurse.

**Resignation.**—Frances Gale (Guam).

**Revocation of Appointment.**—Johanna E. O'Mara.

**RESERVE NURSES, U. S. N.**

**Assignments.**—Base Hospital No. 3, Los Angeles, Cal. (Sue S. Dauser, Chief Nurse): To Washington, D. C., Helen Cope, Helen L. Guyette, May Strain, Helen S. Wood. To Operating Base, Hampton Roads, Va., B. Louise Chase, B. Katherine Foote, Nora B. Limberg, Alice L. Thompson. To Brooklyn, N. Y., Ruth M. Davidson, Louise Field, Margaret Geiger. Base Hospital No. 4, Providence, R. I. (Grace McIntyre, Chief Nurse): To Annapolis, Md., Corinne L. Bouchard, Ethel E. Briggs, Eva May Clement, Mary Jenkins, Ella M. W. McCanna, Juliana J. Murphy, Mary E. Olding, Thelma Selfridge, Alma E. Ulrich. To New London, Conn., Ruth E. Anthony, Reba Alice Brown, Clara E. DuBrau, Margaret G. Evans, Bride M. A. Flannery, Janie Grant, Margaret E. Ross. To Newport, R. I., Ada Gertrude Ayers, Annie McCaughey, Margaret D. McCaughey, Mary Agnes Murphy, Isabel Tait, Ruth M. Wallen. To Brooklyn, N. Y., Rose V. Bass, Faith Battey, Ruth Carter, Ruth Graham, Esme Ruth Peckin. Station Unit No. 6, Austin, Texas (Nell Freund, Organizing Nurse): To Gulfport, Miss., Nell Freund, Nina Anderson, George Le Rue, M. Allie Middleton, Viola E. Simpson, Katherine L. Weatherford. Station Unit No. 9, Chelsea, Mass. (Emily Pine, Organizing Nurse): To New London, Conn., Agnes E. Nolan, Irene Reid, Emma Louise Colebourne, Helen M. Kelley. Station Unit No. 10, Minneapolis, Minn.

(Crescentia C. Diederichs, Chief Nurse): To Philadelphia, Pa., Gladys L. Barrett, Crescentia C. Diederichs, Anne S. Dorfner, Linnie Anderson, Ella B. Elwell, Grace B. Hanson, Griselda Kobe, Harriet R. Mober, Eleanor B. O'Grady, Olga A. Osten, Nellie Vangness, Anna R. Vorbeck. St. Luke's Detachment, St. Paul, Minn., to Mare Island, Cal.: Ethel Ann Carroll, Jennie Siebold, Carolyn R. Matheis, Margaret E. Napier, Emma M. Partridge, Ethel G. Ring, Cathryn C. Schneider, Frida P. Stilli, Anna Wilbert. City and County Hospital Detachment, St. Paul, Minn., to Mare Island, Cal.: Myrtle Mae Saul, Alice E. V. Parslow, Denora Engeseth. St. Joseph's Hospital Detachment, St. Paul, Minn., to Norfolk, Va.: Mary Walsh. Carney Hospital Detachment, South Boston, Mass., to Portsmouth, N. H.: Bessie J. Murphy. Roper Hospital Detachment, Charleston, S. C., to Brooklyn, N. Y.: Mary Elizabeth McInnes. To Chelsea, Mass.: Harriet A. Harris from Charleston, Mass.; Ella B. Clough from Concord, N. H.; Ethel M. Dagles from Sheldon Springs, Vt.; Therese D. Burns from Fall River, Mass. To Norfolk, Va.: Josephine MacDonald from Brooklyn, N. Y.; Gertrude H. Wells from Brooklyn, N. Y. To Mare Island, Cal.: Ethel N. Johnson from San Francisco, Cal.

**Resignation.**—Lorna Alberta Hecox.

#### NURSES U. S. N. R. F.

**Assignments.**—Columbia Hospital, Washington, D. C. Detachment to Brooklyn, N. Y.: Emily C. Turner. Newark City, Newark, N. J. Detachment to New Orleans, La.: Sabina L. O'Connor, Edith E. Borcher; to U. S. Marine Camp, Quantico, Va.: Mabel E. D. Hyatt, Mabelle H. Bissell. Springfield, Mass. Detachment to Washington, D. C.: Elizabeth Hoag, Annie Coady. St. Luke's Hospital, San Francisco, Cal. Detachment to Mare Island, Cal.: Lucius M. Newell, Alida M. Lapsley. Stamford Hospital, Stamford, Conn. Detachment to Brooklyn, N. Y.: Jennie F. Sheldon, Harriet B. Brown. Orange Memorial Hospital, Orange, N. J., to New Orleans, La.: Sadie M. MacFall, Ada C. McGrath, Eva Carey Todd from Marshall, Tex., to Gulfport, Miss.; Emily Kennedy from Schenectady, N. Y., to Philadelphia, Pa. Philadelphia General Hospital, Philadelphia, Pa. Detachment to U. S. Marine Camp, Quantico, Va.: Katherine M. Gallagher, Mary Peoples, Margaret Jones.

**Disenrolled.**—Clementina Johnston, Rose E. T. McNulty.

LENAH S. HIGBEE,  
Superintendent, Navy Nurse Corps.

#### ARMY NURSE CORPS

**Appointments.**—Mary M. Corcoran, Annie Whittle, Virginia P. McFarland, Mildred E. Lachman, assigned to duty at Aberdeen Proving Ground, Md. Isabel Meredith, assigned to duty at Army Dispensary, 1106 Connecticut Avenue, N. W., Washington, D. C. Isabel McLean, Edna D. Packard, Blanche H. Harding, Rose F. Heninger, Nelle C. McNeill, Bertha F. Mears, Gene V. Elliott, assigned to duty at U. S. Army Base Hospital No. 2, Fort Bliss, Tex. Florence MacDonald, Dora L. Willard, Elizabeth D. Grimes, assigned to duty at U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex. Eunice T. Rogers, assigned to duty at U. S. Army General Hospital No. 11, Cape May, N. J. Margaret M. Maag, assigned to duty at U. S. Army Post Hospital, Chanute Field, Rantoul, Ill. Deborah Mower, assigned to duty at U. S. Army Base Hospital, Camp Cody, Deming, N. Mex. Hartley Butt, Mabel B. Heise, Martha Mont, Martha A. Hankins, Ida B. Huillet, assigned to duty at U. S. Army General Hospital No. 15, Corpus Christi, Tex. Rose M. Arnoch, Alice A. Haslett, assigned to duty at U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich. Nora F. Vogel, Maud J. Bell, Harriett Sipkema,

assigned to duty at U. S. Army Post Hospital, Fort Des Moines, Iowa. Helen Brundage, Ruth B. Thomas, Marie Wiedutte, assigned to duty at U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Elizabeth Bogle, Anne M. Warren, assigned to duty at U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Mildred L. Given, Elizabeth V. Norman, Ruth C. A. Huggan, Mary M. Brady, Theodosia A. Ware, Lucille M. Franchire, assigned to duty at U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa. Mary B. Goforth, assigned to duty at Camp Hospital, Douglas, Ariz. Edith M. Quillan, Isabel S. White, Mary E. Memmert, Lydia H. Billings, Mabel H. Kellaway, Katherine Connolly, Lillian Carmichael, Jennie A. Colligan, Kathryn T. Dailey, Elizabeth McKellin, Jennie E. Leber, Mary S. Lowe, Marion A. Waring, Edith Knopw, Amelia Marie Hanson, Carolyn Milligan, assigned to duty at U. S. Army General Hospital, Ellis Island, N. Y. Bess L. Bowman, Ethel L. Clark, Bertha A. Hoeptner, assigned to duty at U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal. Eileen M. O'Keeffe, assigned to duty at Aeronautical Supply Depot, Garden City, Long Island, N. Y. Mina Hall, Hazel Bunnell, Jean E. Stevenson, Margaret H. Bostrum, Millicent B. Lengfeld, Bert C. Nichols, Frankie M. Darrah, assigned to duty at U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga. Ellen Stewart, Helen R. Wray, assigned to duty at U. S. Army Base Hospital, Camp Grant, Little Rock, Ark. Mae Breen, Maud A. Quinn, assigned to duty at U. S. Army Post Hospital, Fort Hamilton, N. Y. Allie S. Reavis, assigned to duty at U. S. Army Base Hospital, Camp Hancock, Augusta, Ga. Doris L. Robinson, Daisy R. Atkins, assigned to duty at U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Hazel G. Brooks, Mary L. Cunningham, Pearle J. Justice, assigned to duty at U. S. Army Base Hospital, Camp Kearney, Cal. Josephine M. Swenson, Clara Melville, Netta M. Steeves, Teresa E. Carroll, Emily E. Snyder, Florence M. Biddle, Anna C. Garrett, Elizabeth M. Jamieson, Mary A. Murphy, assigned to duty at U. S. Army General Hospital, No. 9, Lakewood, N. J. Margaret B. Cowling, assigned to duty at U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Hannah I. McCune, Mary E. Argo, Anne Honkanen, Cloe LaBrie, Charlotte R. Washburn, Malinda A. Klahn, Grace E. Baker, Katherine E. Geisendorfer, assigned to duty at Letterman General Hospital, San Francisco, Cal. Rosa M. Rapp, Nora E. Daly, Ruth L. Brunner, Bertha M. Leake, Evelyn Marshall, Clara H. Urmson, Marcia L. Lange, Katherine Kelly, Eileen Barrett, Jeannette Riedeman, Emma V. Mueller, Nora R. Martin, Ethel S. Huelat, assigned to duty at U. S. Army Base Hospital, Camp Lewis, American Lake, Wash. Elizabeth M. McMillan, Maude E. Walters, assigned to duty at U. S. Army Base Hospital, Camp Logan, Houston, Tex. Jessie H. Parsons, Hazel B. Flint, assigned to duty at U. S. Army Post Hospital, Fort Logan, Col. Julia E. Skidmore, Nellie R. Smith, Laura E. Carlson, assigned to duty at U. S. Army Base Hospital, Camp MacArthur, Waco, Tex. Annie M. Bartholomew, Mary Gavin, Hazel M. Baer, assigned to duty at U. S. Army General Hospital No. 2, Fort McHenry, Md. Elizabeth E. Hartnett, Frances Hartnett, Maude L. Bowie, assigned to duty at U. S. Army Post Hospital, Fort McKinley, Me. Kathryn Corbell, Eula Jennings, Ethel E. Condon, Mary B. Morrow, Bessie Baird, Gertrude M. Weaver, Louise A. Odam, Philinda M. Johnson, Esther E. Dryden, Anne Gemkow, assigned to duty at U. S. Army General Hospital No. 6, Fort McPherson, Ga. Lauretta E. Rogers, assigned to duty at U. S. Army Base Hospital, Camp Meade, Admiral, Md. Harriet L. Osborn, Alice F. Hoffmier, Mabel I. Segre, assigned to duty at U. S. Embarkation Hospital, Camp Merritt, N. J. Eleanor E. Gaffney, L. Imogene Vaughn, assigned to duty at U. S. Army Post Hospital, Fort Meyer, Va. A. Isabelle Byrne, attached to Mobile Operating Unit, assigned to

Walter Reed General Hospital, Takoma Park, D. C. Reba G. Cameron, Mabel E. Smith, Mabel Niblock, Rose V. Brennan, Ella W. Brigham, Mary F. Linsley, Louise K. Jones, Anna R. Goff, Pauline M. Sherman, Louise B. Johnson, Jennie L. Clemo, Rose M. Lenhard, Rae L. Hermans, Beatrice M. C. Dare, Abigail L. Grant, Margaret M. Aughivan, Sarah W. Gray, Helen W. Gould, assigned to duty at U. S. Army General Hospital No. 1, New York, N. Y. Mary A. Rayer, Olga C. Nelson, Elizabeth C. Delaney, Isadora N. Powell, E. Marie Laake, assigned to duty at U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga. Anna B. Hughes, assigned to duty at U. S. Army General Hospital No. 5, Fort Ontario, N. Y. Anna Tuckfield, Stella Masterson, Dora Strand, Clara H. Schneider, assigned to duty at U. S. Army Base Hospital, Camp Pike, Little Rock, Ark. Emma V. Hurst, Hilda O. Lawson, assigned to duty at U. S. Army General Hospital No. 4, Fort Porter, N. Y. Anna J. Madsen, Nelle M. Keenan, Delia Anderson, Mae V. Walter, Clara E. Perrizo, assigned to duty at U. S. Army Base Hospital, Fort Riley, Kan. Jeannette A. Toppan, Annie P. Johnston, Alice B. Woodard, Artie M. Woodard, Jennie C. Young, Elizabeth J. McPhee, Margaret E. Mattingly, assigned to duty at U. S. Army Base Hospital, Fort Logan H. Roots, Little Rock, Ark. Margaret M. Eskine, assigned to duty at U. S. Army Post Hospital, Fort Rosecrans, Cal. Dona Cruse, Maud Yattaw, Nancy V. Robo, Caroline Geiken, May Greenfield, Scottie M. Cox, assigned to duty at U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex. Cardie V. Gregg, Mabel P. Lewis, Aline MacFarlane, assigned to duty at U. S. Army Base Hospital, Camp Sevier, Greenville, S. C. Edythe White, Mae M. Hudson, assigned to duty at U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Cornelius M. Shoemaker, Lily I. Gens, assigned to duty at U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio. Rose M. Campbell, Thora H. Grubbe, Lettie G. Champe, Gudrun Landwerk, Anna M. Nelson, assigned to duty at U. S. Army Post Hospital, Fort Snelling, Minn. Mary L. Harbison, Wilhelmina MacKenzie, Abby M. Wernette, Marie Davis, Anna J. Hanley, Nova R. Rogers, Alda M. Neigh, Vallie C. Armstrong, Alexandra T. Stewart, Louise Ewina, assigned to duty at U. S. Army Base Hospital, Camp Taylor, Louisville, Ky. Jessie M. Taylor, Alice M. Fuhrmann, Emmeline J. Renis, assigned to duty at U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex. Ellen L. Scott, Vida Baldwin, Grace C. Denolley, Bass Prendergast, Mary Williams, Patricia M. Barbour, Mary R. Kilgus, Edythe Mathisen, Mae R. MacDonald, Sadell Stein, Theressa W. Creeden, Jean Pollock, assigned to duty at U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C. May S. Petitta, Elizabeth D. Holmes, Freda M. Hank, Julia D. Magee, Margaret M. Wilsey, Georgia Holcomb, Isabella Jack, Edith L. Viehdorfer, Emma M. Nichols, Mary E. Strine, assigned to Walter Reed General Hospital, Takoma Park, D. C. Julie Eppers, Marietta H. Pearson, Gertrude L. Showalter, Edith McDermott, Fay G. Butler, assigned to duty at War Dispensary, Ordnance Department, Washington, D. C. Mabel K. Adams, assigned to duty with U. S. Army Base Hospital No. 13 (service in Europe). Stella S. Mathews, assigned to duty with U. S. Army Base Hospital No. 22 (service in Europe). Annie Gosman, assigned to duty with U. S. Army Base Hospital No. 26 (service in Europe). Annie F. Mack, assigned to duty at U. S. Army Base Hospital No. 37 (service in Europe). Cecilia P. Houston, assigned to duty with U. S. Army Base Hospital No. 114 (service in Europe). Lillian Simons, Ellie D. Paramore, Sallie B. Connor, assigned to duty at U. S. Embarkation Hospital, Camp Stuart, Newport News, Va.

**Transfers.**—To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Anna C. Garrett, with assignment to duty as Chief nurse. To U. S. Army Embarkation Hospital, Camp Merritt, N. J.: Mary F. McLaughlin, Elma J. Burgar. To U. S.

Army Base Hospital, Camp Taylor, Louisville, Ky.: Grace E. Baker. To Camp Hospital, Camp Colt, Gettysburg, Pa.: Helen G. Hill, with assignment to duty as Chief Nurse, Grace N. Howard, Edith M. Core, Gertrude H. Huen. To U. S. Army General Hospital No. 9, Lakewood, N. J.: Mollie C. Ernst, Mary C. Lee, Helen F. Kenworthy. To U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla.: Susan G. Parish, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.: Margaret F. McCormick, Emeline Cleland. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Marguerite M. Perkins, Ethel C. Singleton. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Ida M. Landion. To U. S. Army Post Hospital, Fort Adams, R. I.: Julia E. Clark, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Kelley Field No. 2, San Antonio, Tex.: Ida E. German, with assignment to duty as Chief Nurse. To U. S. Army General Hospital, Ellis Island, N. Y.: Frederica M. Hanks, with assignment to duty as Chief Nurse. To Letterman General Hospital, San Francisco, Cal.: Mary E. Mellor. To U. S. Army Post Hospital, Fort Slocum, N. Y.: Viola T. Robinson, with assignment to duty as Chief Nurse. To U. S. Army Embarkation Hospital, Camp Mills, Mineola, Long Island, N. Y.: Anna V. Hughes, with assignment to duty as Chief Nurse. To U. S. Army General Hospital No. 12, Biltmore, N. C.: Louise Schleischer, with assignment to duty as Chief Nurse. To Crescent Athletic Club, 86th Street and Shore Road, Brooklyn, N. Y.: Margaret M. Wilsey. To Department Hospital, Manila, P. I.: Margaret Knierim, with assignment to duty as Chief Nurse, Mary Ferdinand, Anna G. Sullivan. To Walter Reed General Hospital, Takoma Park, D. C.: Mary E. White, Laura E. Butts, Gertrude M. Weaver, Louise A. Odam. To Aberdeen Proving Ground, Md.: Augusta L. Schweizerhof, with assignment to duty as Chief Nurse. To St. Mary's Hospital, Rochester, Minn.: Edna M. Rockafellow, with assignment to duty as Chief Nurse. To War Dispensary, Ordnance Department, Washington, D. C.: Lydia E. Hammer, Ethel L. Viehdorfer. To U. S. Army Post Hospital, Call Field, Wichita Falls, Tex.: Anna L. George. To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.: Marie Louis, with assignment to duty as Chief Nurse. To U. S. Army General Hospital, Fort Bayard, N. Mex.: Helen R. O'Connell. To Holley Hotel, Washington Square West, New York, N. Y.: Mary C. Jorgensen, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital No. 2, Fort Bliss, Tex.: Rose F. Heninger, with assignment to duty as Chief Nurse. To Ellis Island, New York: Bertha Glum, Margaret Hopkin, G. Garnet Fotheringham, Willie Mitchell, Hanna C. Hanson, Belle Lombard, Anna Buchwalt, Gracia B. Brann, Mayfred E. Jenner, Jessie Patterson, Lora Schroeder, Hattie M. Shurman, Minnie D. Meyers, attached to U. S. Army Base Hospital No. 117 (service in Europe). To Holley Hotel, Washington Square West, New York, N. Y.: Amelia I. Goodine with assignment to duty as Chief Nurse, Rose B. Underwood, Mildred C. Brown, Lillian E. Frost, Isabella C. Manning, Emily Z. Smith, attached to Replacement Hospital "A." To Nurses' Mobilization Station, New York, N. Y.: Sarah B. Nyswonger, Emily V. Norvell, Frances L. Conlin, Cazenova L. Miller, Ella W. Brigham, Sarah W. Gray, Mary J. Mahoney, Charmian Bishop, Agnes Rogers, Helen V. Brennan, Mina Hall, Claire Jones, Maude H. Arnold, Bertha E. Buell, Cidella L. Clay, Edna M. Crandell, Hattie F. May, attached to U. S. Army Base Hospital No. 114 (service in Europe). To New York, N. Y.: Jean R. Henderson, Laura M. Ocame, Johanna E. Michan, Mamie Jones, attached to U. S. Army Base Hospital No. 26 (service in Europe).

Discharges.—Dotta D. Appleby, Grace D. Baird, Edith I. Barlow, Della V. Cassidy, Dora Helen Cotton, Sarah Jane Gilroy, Mamie O. High, Magdaline Jack-

son, Angie A. Knowles, Carolyn Milligan, Charlotte Palm, Daisy W. Petre, Delphia Poston, Ellen Stewart, Elsie L. Weigand.

#### RESERVE NURSES, ARMY NURSE CORPS

Assignments.—To Aberdeen Proving Ground, Md.: Teresia A. Bolt. To U. S. Army Post Hospital, Fort Adams, R. I.: Hazel P. Plummer, Catherine L. Amendt, Margaret C. Burgey, Mary D. Burgey, Edith M. Beane. To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Sarah M. Bethens, Mabel E. Deremiah, Ada V. Gambill, Margaret B. McCallum, Ruth A. Riddle, Myrtle H. Winter, Ada V. Cooper, Bertha E. MacKay, Phyllis G. Orsatti, Emma P. Greenman, Julia R. Work. To U. S. Army Base Hospital No. 2, Fort Bliss, Tex.: Nelle A. Hayes, Juanita M. Clemens, Cloe L. Croman, Ellen E. Hogan, Ella B. Lindsay, Rhoda A. Patterson, Sara Pevoteaux, Katherine E. Fahay, Ruth E. Engmann. To U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex.: Lucy M. Webb, Anna B. Conrad, Daisy O. Sweezy, Wilhelmina Nykanen, Jennie E. LaDue, Marjorie A. Kemp, E. Blanche Hagan. To U. S. Army General Hospital No. 11, Cape May, N. J.: Edna L. Fussell, Mary W. Baldwin, Daisy M. Connor, Grace L. Shaffer, Eugenia French, Mabel A. Brust, Genevieve M. Dahy, Margaret M. Leary, Alma F. Sidelinger. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Florence Fickeisen. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Marion E. Kantner, Catherine R. Sheeran, Ellen M. Birchenough, Pearl E. Thom, Kathleen G. Doherty, Victoria M. Panton, Corrine Markley, Susie Hunter, Anna P. Rockswold, Anna Conley, Nell E. Hawk, Mildred Chapin, Besse M. Anson, Marie Johnson, Ella Kemp, Pearle Meikljohn, Eva M. Rogers, Mabel Bloomberg, Grace E. Wilkinson, Emma M. Christensen, Elizabeth Pugh, Grothe S. Westly, Esther Bruce, Malena Tommeraa, Glenn M. Nolda, Mae C. Kringel, Maude Kellan, Mildred Fuller, Carrie Cooper, Miriam A. Ames, Clara M. Orgren, Clara A. Pitt, Aleta M. Voltz, Berdie J. De Viney. To U. S. Army General Hospital No. 13, Dansville, N. Y.: Gladys M. Chambers, Suzette E. Crombie, Louise D. Brown. To U. S. Army Post Hospital, Fort Des Moines, Iowa: Agnes N. Hansen, Emma Hansen, Mary K. Sullivan, Emilie Kaeding, Cora M. Paulsen, Julia B. Peiffer, Alma Woffing, Laura L. Holmes, Lorene B. Carroll, Beatrice Fahy, Selma Olson, Clara E. Hoeflin, Anna M. Ellingsbee, Hazel Babcock, Helen M. Burke, Agnes McDill Baird, Lillian M. Urch, Emma A. Ehrlhart, Helen Wylie, Orma A. Schrieber, Nina E. Westerdahl, Mary A. Wellman, Augusta Mueller, Emma M. Duguay, Anna Thomsen, Ethyl J. Warren, Angie Scheerer, Almena L. Parker, Florence J. Foster, Grace C. Breitenstein, Ruth J. Riggs, Alyce L. Larrieu, Ida M. Ambrose, Signs E. Lindquist, Elizabeth W. Peterson, Electa V. Swetnam, Helen A. Parks, Mary A. McKay. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Euphemia E. Wallace, Emilie Penard, Marion E. Mantius, Eleanor E. Wetterberg, Anna F. Regan, Rose C. McQuillan, Mildred Ziegler, Elizabeth C. Reger, Mary F. Cullen, Anna F. M. Gearon, Cora K. Hennessy, Lois V. Jomini, Minnie E. Finbush, Julia J. Nelly, Mary A. Arseneau, Verna R. Amrine, Erma K. Wisehart, Nancy C. Stine, Helena S. Brock, Mary C. Notton, Agnes C. Wilson, Mary F. Malley, Elmrya W. Allen, Elizabeth R. Barrett, Alice H. Flash, Mary J. Murray, Elizabeth E. Williams, A. Jeanette Tweedie, Annie R. Maxwell, Annie French, Martha L. Campbell, Sarah N. Higgins, Ella F. Finn, Marie D. Blythe, Pearl C. Steinman, Marguerite O'Neill, Ruby F. Teasdale, Mary H. Silver, Grace L. Malloch. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Henrietta Sims, Louise G. Hoerner, Catherine G. Fitzgibbon, Myrtle E. Rix, Evelyn H. Ellis, Donna G. Burgar, May E. Barrett, Mary Cassidy, Cecile E. Duerr, Marie G. Armstrong, Zola A. Wood, Anna Ross, Ruth Walker, Lena A. Tobin, Ella F.

Tingley, Georgia F. Roberts, Mary H. Halfield, Annie Allan, Ailine E. Lawrence, Minerva M. Hogadone, Hester J. Barker, Anna R. Carfield, Eleanor L. Johnson, Lillie Davis, Martha Darnaby, Joy Frazer, Margaret Frost, Annette Gray, Elizabeth Christopher, Harriet Cleek, Isabel McLean Murray, Nell Roberts, Myrtle S. Keiser, Margaret McAllister, Ethel Mullin, Harriet McKinley, E. Zetta Galbraith, Miriam E. Cambell, Georgia B. Morse, Martha B. Hannun, Katie L. Wills, Ida M. Dawson, Cora O. Gary, Lillian E. Bohiken, Tessora B. Baker, Bessie R. Campbell, Margaret M. Smith, Lillian K. Loutey, Etta E. Robbins. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Lillian P. Houghland, Louise J. Fosnaugh, Emma R. Graff, Emma Dudenbostel, Eva D. Mandt, Anna B. Honsik, Lucile M. Thomas, Vernia A. Phillips, Jessie DeWeese, Agnes M. Lally, Loretta A. MacDonald, Benedicta Roche, Mabel C. Shotwell, Evalyn E. Sams, Lena B. Sams, Elizabeth C. Stokes, Cecile S. Stowe, Edna D. Atkinson, Anna Leutscher, Margaret Uthaug, Ruth E. Daub, Clemetta Hulshizer, Josephine Chamberlain, Phoebe L. Burlingame, Anna R. Kleinschmidt, Catherine F. Spence, Cecile A. Drenning, Helen H. Johnson, Mae A. Donevan, Helen Murray, Beatrice Corridon, Oneita Whichard, Mayme D. Hall, Ruth P. Lewis, Bessie M. Randell, Grace V. Ream, Orpha M. Cool, Gladys M. Kotthamp, Gertrude H. Nolan, Lydia K. Ilten, Verne M. Smith, Ellen Jamfrey, Catherine M. Fries, Martha Fuller, Helen M. Gresman, Gwendolyn J. Scriven, Mary E. Sullivan, Jessie Smith, Hilma B. Johnson, Helen M. Huboher, Mary J. Marshall, Nellie Ouldhouse, Jane H. Hemmer, Mae C. McKechnie, S. Julia Shepard, Anna L. Sheibley, Leone Ware, Clare Baker, Ella Hornke, Lilly Olsen, Anna E. Pfeifer, Aileen A. Wheeler, Annie E. Croot, Wilma Bylsma, Eva L. Fortman, Mrs. Gladys Jones, May Mero, E. Luella Morrison, Ethel M. Wright, Millie Halgrin, Annie L. Caudill, Dorothy Wooster. To U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla.: Deborah R. Nielsen, Ethel G. Heath, Ada V. Hill, Bertha G. Birtzel. To U. S. Army Post Hospital, Fort Douglas, Utah: Eileen T. Casey, Annie E. Morris, Ida C. Nelson, Kathryn M. Kessler, Terese Jaymot. To U. S. Army Post Hospital, Ellington Field, Houston, Tex.: Jennie Honaker, Nelle Honaker. To U. S. Army General Hospital, Ellis Island, N. Y.: Lily L. Smith, Margaret Himmelberher, Catherine E. Cahoon, Doretta L. Ritter, Grace E. Burnham, Agnes G. Hall, Etta M. Harnish, Lily Milne, B. Maude Sleeper, Anna E. White, M. Charlotte Grantham, Bessie M. Carr, Irene Hagerty, Frances E. Harvey, Violet M. Trefry, Margaret M. O'Leary, Eva L. Pomerlean, Nellie E. Martin, Ethel L. Smith, Frances MacCarragher, Rose A. McGovern, Grace Palen, Irene E. Perry, Mary Scheirer, Ethel A. Rolston, Orpha Z. Young, Katherine C. Campbell, Margaret F. Bryson, Anita B. Casselberry, Sarah E. Martin, Mary J. Higgins, Mary F. Fitzgerald, Bessie M. Upham, Margaret F. Fox, Ellen Gessels, Margaret A. McCoy, Anna W. Jessen, Eva F. Gray, Mabel T. Morse, Margaret E. McCarthy, Elsa C. Kittel, Nellie Reilly. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Dora A. Kershner, Mary A. McDyer, Margaret T. Gallagher, Ellen W. Sweeney, Eleanor C. Noel, Anna R. Murphy, Mrs. Margaret E. Murphy, Jennie E. McMichael, Marguerite M. Ahern, Mabelle P. Huffback, Alma Edler, Ruth Thompson, Marie Chaloupe, Ada M. Louzon, Margaret C. Wang, Turied N. Barlow, Luly Ricketts. To Aeronautical Supply Depot, Garden City, Long Island, N. Y.: Elizabeth M. Johnson, Nora V. Reilly, Brididana A. Connolly. To U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga.: Anna M. Murphy, Ruby Falls, Belle Farr, Blanche Fearnside, Tressie Fitta, Emily Fox, Lena Fox, Esther Little, Jean Harrell, Joyce Kinney, Lillian M. Barr, Nellie A. Andrews, Mary C. McGinnis, Edna E. Salter, Susan G. Rosentict, Esther M. Stolt, Caroline Nelson, Gertrude Jacobs, Ruth H. Kinman, Stella Harris, Myrtle N. Ettinger, Laura L. Dopke, Emma Anderson, Catherine

T. Cross, Alice M. Crone, Teresa Callahan, Florence Anderson, Mary E. Burke, Polly W. Smith, Ivy L. Thomasson, Leona J. Huffman, Pearl T. Ellis, Helen G. Moore, H. Eunice Bell, Anna C. Arkinson, Mary F. Spencer, Mabel L. Foster, Minnie B. Parker. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Edith Mullen, Mamie O'Kelly, Mildred J. Warren, Olga A. Jacobsen, Ida L. Reeves, Beasie M. Tucker, Maude Weimer, Anna J. White, Hattie M. Raithel, Elizabeth Bustard, Idora P. Bunds, Neva E. Rooks, Bertha V. Schreiber, Mary E. Curley, Thyra L. Brandt, Mayo G. Morissette, Pearl M. Larson, Alberta E. Dill, Carrie M. Kolle, Sarah E. Jamieson, Edith M. Brannian, Harriet M. Brennenstall, Esther E. Quist, Carolyn A. Giammeier. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Grace W. Flower, Ada G. Pye, Helen P. Strong, S. Elizabeth Miller, Josephine C. Murray, Margaret M. Schweitzer, Mary E. Turner, Leah Wolf, Elizabeth M. McCarthy, Mary K. Stone, May Hicks, Ethel Wingate, Mary L. Hart, Grace E. Ahearn, Margaret R. Nichols, Katherine E. O'Brien, Bess Pelley, Margaretta B. Smith, Christine M. Murphy, Florence L. Howe, Philomena Kurath, Elizabeth Hein, Mary N. Jensen, Mary T. Morrissey, Jennie Brouillard, Anna M. Dempsey, Susanna G. Brunner, Nellie Amundson, Emma Tweed, Anna M. Schneider, Emma M. Nichols, Georgianna Bernard, Laura M. MacDowell, Irene Van Zandt, Georgia Smith, May A. Joy. To U. S. Army Post Hospital, Fort Hamilton, N. Y.: Harriet E. Sault. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Christine Pearson, Ida J. Osterberg, Christine Van Liere, Ingrid Johnson, Evelyn Hill, Eleanor C. Ewing, F. Estelle Browne, Mary E. Freeman, Olive Oleson, Lillian M. Oleson, Beatrice Hart, Marion Brehaut. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Ida C. Euler, Caledonia M. Remington, Jessie G. Bruce, Katherine F. Duce, Elizabeth Dunsmuir, Mrs. Zola C. Jordan, Josephine M. Fortier, Margaret E. Hamill, Elizabeth R. Hopkins, Mabel E. Crick, Annabel Foss, Jennie M. Goodman. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: Janet D. Anderson, Ruby F. Cameron. To U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla.: Ora Rogers. To U. S. Army Base Hospital, Camp Kearney, Cal.: Agnes E. O'Connor, Estella N. DuMontier, Cornelia T. Stringer, Christian M. Niven, Hazzie Greno, Josephine Hoilien, Edith M. Shoemaker, Marie M. Rossman, Bessie M. Daugherty, Sigma Strandburg, Katherine B. McDermott, Katherine G. Allen, E. Gertrude Dorris, Helen I. Ogden, Emma M. Brewer. To U. S. Army General Hospital No. 9, Lakewood, N. J.: Josephine V. Dumas, Norma E. Dean, Frances Ru Lindsey, Theodora C. LeGros, Mayna J. Brace, Helen M. Lynn, Edith H. Klein, Anna C. Anderson, Edna Farns, Nina F. Cole, Lavinia G. Jones. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Caroline C. Foote, Bessie A. West, Ella M. Wood, Ailson B. Robertson, Florence E. Dugan, Bertha A. Vining, Louise M. Liens, Margaret L. Mahan, Elizabeth L. Evans, Florence E. Beisel, Mildred M. Mihills, Jessie P. Tedder, Margaret E. Crockstad, Myrtle A. Brown, Louise E. Aust, Emma L. Hartsock, Lora A. Brooks, Hellen M. Collins, Cora A. Cardwell, Anna M. Elliott, Mabel Highfield, Katherine Beston, Ellen C. Daly, Julia E. F. Gertz, Katherine V. Golden, Addie S. Moses, Mary L. Reynolds, Myrtle L. Williams, Rose C. Williams, Flora F. Fleming, Nina Ricketts, Rose M. Boyle, Nellie C. Marks, Nellie F. De Sherrick, Orene L. West, Isabel L. West, Lucy B. Abbott, Jennie M. Reed, Virginia L. Wedderburn, Henrietta Levy, Mary J. O'Brien, Sallie M. Calloway, Mae A. Fannin, Eloise Biser, Josie L. Sheets, Mary M. Wilson, Jacqueline Cambles, Leila H. Anderson, Ethel MacKenzie, Billie S. Hatcher, Eleanor Stanley, Cecil A. Bixler, Harriett English, Martha C. Shadwick, Rosalie McA. Ebaugh, Nellie Van Wyzenburg, Harriet E. Smith, Mary E. Walker, Hattie M. Newton, Mae G. Strange. To Letterman General Hospital, San Francisco, Cal.: Mary Cleary.

Mary B. Michaelson, Ruth V. Lundholm, Florence Jarman, Julia E. Kolodzej, Dorothy J. Peckover, Myrtle L. Brendel, Pearl M. Bennett, Helen L. Palmgren, Hilda N. Berg, Eunice M. Collins, Eleanor Boone, Georgiana King, Inez E. Reed, Mary L. Paulding, Grace C. Rogers, Anna M. Craven. To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: Dorothy P. Brown, Katherine Bell, Marion C. Larkin, Margaret Heaslip, Margaret L. Crawford, Emma L. Brosch, Anna M. McMullen, Blanche E. Stevens, Helen Rounsville, Isabelle M. Rines, Jennie E. Madson, Dena S. Ege, Hazel R. Kneeshaw, Mary J. Felt, Mame K. Dougherty, Leah N. Gamble, Mary E. Weber, Bernadine Wirtz, Henrietta F. Hymans, Bertha C. Greeman, Ida Fleming, Laura M. Hinderer, Ida Lichtsinn, Sevilla S. Denninger, Alma E. Finke, Celia Krogh, Carrie Noben, Anna MacDonald, Vanette I. Miller, Eda M. Bartling, M. Lulu Brady, Lucinda J. Fast, Elsie Svoboda. To U. S. Army Post Hospital, Fort Logan, Colo.: Helma M. Oberg, Cora A. McKinley. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Elizabeth L. Marschall, Margaret M. Hurd. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Elvora E. Skiving, Mable C. McKneely, Florence Crawley, Myrtle H. Hamerland, Emma A. Blome, Bess Polansky, Marie Budler, Dora R. McClanahan. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.: Lily C. Jones. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Hazel F. Greenleaf, Katherine E. Burke, Margaret A. McGrady. To U. S. Army General Hospital No. 6, Fort McPherson, Ga.: Essie M. Dodd, Jeanette Reid, Caroline R. Bauer, Anna M. Hanaberry, Mary Breuchen, Harriett I. Wilson, Mary E. Armstrong, Ethel W. Conn, Jessie P. Bennett, Elizabeth Fitzgerald, Mary Tasman, Alice Corning, Helen A. Fulton, Mary B. Francis, Ray Jones, Berda J. Thomas, Estelle Herring, Bernie Jeffrie, Ella M. Walters, Mollie K. Waldron, Carrie Christian, Gladys Harwell, Susie Denton, Marcia E. Doughtry, Lillian S. Edwards. To U. S. Army General Hospital No. 17, Markleton, Pa.: Josephine A. Grima. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Marion F. Crockett, Carrie H. Hudnall, Nettie H. Zulauf, Agnes P. Hutton, Anna H. Ryan, Emma M. Hunt, Annie F. Lockhart, Lillian T. McKennan, Edith Robbins, Mary J. Dreher, Jessie Greathouse, Elizabeth Minnich, Margaret G. Minnich, Alpha B. Nash, Tillie B. Greathouse, Maline L. Hatch, Cora M. Johnson, Fern McClintock, Ruth McClellan, Frances McTagert, Elsie Hollenbeck, Donald MacDonald, Margaret L. Colahan, Bertha Rudolph, Margaret A. Tynan, Rosanna O'Donoghue, Lucena Lewis, Mary B. MacCall, Glenn M. Caswell, Catherine M. MacPherson, Jennie S. Affleck, Jennie V. Hartwell, Grace H. Redmond, Alice T. Gayer, Mary A. Stevenson, Mabelle S. Hayden, Daisy M. Herbert, Eva M. Batchelder, Mildred W. Fuller, Virginia P. Martin. To U. S. Army Embarkation Hospital, Camp Merritt, N. J.: Elizabeth A. Lyons, Alice L. Batchelder, Mary A. Cronin, Portia H. Lillie, Pearl R. Thompson, Nettie M. Hartranft, Annie Williams, Elizabeth Sullivan, Blanche L. DuVall, Harriet I. Delamere, Mary T. Tooze, Clara I. Graham, Margaret C. Erb, Marion A. Tyman, Lula H. Bennett, Anna Wiberg, Stella E. Sainsbury, Jennie M. Palmer, Mary E. Sides, M. Etta Wallace, Minette M. Verge, Margaret Martin, Dorothy Moody, Clara Queareau, Esther M. Eaton, Bertha C. Squires, Anna Thorsen, Catherine Tuthill, Ethel M. Miller. To U. S. Army General Hospital No. 1, New York, N. Y.: Ruth C. Williams, Helen M. Holland, Dorothy Jacobus, Sylvia Hannan attached to Mobile Operating Unit. Anna B. Duncan, Marie Dresser, Olga J. Hanson, Cora P. Sanford, Elizabeth Delworth, Rhoda E. MacVarish, Marguerite F. Sullivan, Olie G. Nause, Agnes M. Reilly, Helen M. Hoyt, Katherine Bickford, Blanche L. Meserve, Anna G. Hayes, Mary MacKeagan, Grace E. Howland. To U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga.: Rebecca Stewart, Elizabeth F. Lloyd, Adalissa Mattson, Anna

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Allen, Jane Sheffield, Tessa DeAlberti, Minnie Beyers, Catherine C. McDermott, Grace C. Briggs, Evelyn V. Cowell, Mary T. Devine, Mary E. Gorman, Alice M. Dyer, Margaret M. Davitt, Bertha C. Bennett, Christina Good, Ethel F. Carson, Mary S. Good, Sarah E. Logan, Nellie B. Jackson, Helen R. Miller, Edna M. Terry, Alice M. Ryan, Mary V. Keenan, Eugenia S. Walker, Mary Purtell, Mary F. Keohane, May J. Small, Estelle C. Cavo, Katherine M. Coogan, Ella R. Childers, Annie E. Early, Jean Day, Adelaide A. Browne, Joyce B. Andress, May L. Boyle, Anna L. Barry, Edna Ash, Eunice M. Edwards, Alice B. Ross, Katharine Read, Aimee Stewart, Josephine Reilly, Margaret J. Sullivan, Jennie A. Harte, Gladys R. Tuttle, Mary Ratner, May Spelman, Hannah Sullivan, Stella M. Newbill, Mary T. Walsh, Melvina I. Mead, Cornelia L. DeRoode, Jane L. Kendall, Gilberta Strahl, Harriet M. DeM. Sheerer, Lulu M. Webber, Anna E. Cheshire, Anna F. Donegan, Gwendolyn Lewis, Dorothy Raynor, Florence B. Meisenheimer, Marion Klaus. To U. S. Army Base Hospital No. 38 (service in Europe) Agnes W. MacFarlan, Bessie Clinch, Sarah A. McConnell, Helen W. McHugh, Eleanor D. Schenck, Rachael W. Walp, Mary H. Dilks, Cora S. Moyer, Meryl G. Phillips, Josephine R. Murphy, Carolyn W. McGregor, Gladys I. Howell, Emily S. Warren, Nellie J. Ward, Katherine S. Ward, Alice M. Vaughan, Gertrude VanPelt, Mary VanPelt, Esther F. Tipton, Anna B. Stonesifer, Anna C. Stephens, Mary E. Staffford, Ella M. Shoemaker, Margaret L. Shoebottom, Eda K. Ohland, Nora M. Shearer, Sallie A. Sarfass, Anna L. Rogers, Sarah M. Peters, Anna W. Parsons, Emma C. Witherup, Gertrude M. Wilson, Mabel R. Batten, Evalyn C. Bennett, Emily A. Jummel, Gertrude E. Armstrong, Elsie Armstrong, Myra Badorf, Amanda S. Boyer, Katherine J. Coyne, Margaret L. Cline, Jennie F. Clarke, Eupheamy Cameron, Anna M. Brown, Mabel G. Crossley, Flora E. Dexter, Ethel H. Foust, Mary J. Glover, Helen Gorman, Josephine D. Gorman, Irene Haag, Helena O. Harpel, Elsie M. Henderson, Elizabeth High, Ada A. Hurd, Elizabeth D. Jones, Florence Jones, Ida M. Jones, Adele M. Lewis, Anna M. Day, Ida E. Lane, Anna M. Lang, Mary J. Lennox, Margaret A. Kane, Harriet R. Krause, Cora A. Lane, Katherine Logne, Alma V. Lovelace, Sarah A. McCann, Margaret E. MacPhee, Margaret G. McLean, Katherine M. Martin, Eleanor F. Mason, Nellie V. Miller, Stella M. Miller, Blanche C. Murray, Lucy C. Nelson, Lillian E. Bowen, Katherine M. McGurk, Susan A. Kirk, Adelaide deLauzanne, Mabel G. Boller, Mary B. Pipher, Esther A. Moser, Minnie E. Newell, Alice M. Dowe, Margaret M. Irwin. To U. S. Army Base Hospital No. 46 (service in Europe): J. Amelia Kenny. To U. S. Army Base Hospital No. 47 (service in Europe): Ida R. Kratsch. To U. S. Army Base Hospital No. 57 (service in Europe): Georgia Holmes, Loretta C. Todd. To U. S. Army Base Hospital No. 114 (service in Europe): Marjorie F. McIntosh, Augusta A. Gough, Julia M. Fitzgerald, Isabel M. Nash, Minerva F. Harris, Frances Coles, Mary G. Beard, Alice M. Dyer, Catherine McSweeney, Caroline Pratt, Ruth C. Waterburg, Mabel B. Williams, Maud McGinnis, Jessie V. Thompson, Vida M. Ellis, Jennie M. Leininger, Bothilda U. Olson, May B. Adamson, Montie McIntosh, Jane E. McNulty, Oda C. Kepple, Charlotte L. VanLoan, Katherine Hoffman, Elizabeth H. Slate, Nora F. McMahon, Agnes G. Queenen, Katherine Rehsteiner, Rinda Williamson, Mary C. Marshall. To U. S. Army Base Hospital No. 115 (service in Europe) Clara Gordon, Anna G. Hayes. To Lakewood, New Jersey, Hospital Unit "T" (service in Europe): Clara J. Farnsworth, Nina Allen. To American Red Cross Military Hospital No. 2 (service in Europe): Eunice White Flower. To Lakewood, New Jersey, American Expeditionary Forces (service in Europe) Katherine P. Irwon, Jennie Midgley, Estella Van Horn, Eva J. Smith, Alice E. Baird, Mary H. Will, Carrie R. Goyen, A. Janette Harper, Frances M.

Beacroft, Dolly Roberts, Esther G. Sampson, Margaret F. U. MacRae, Annie L. Cass, Doris M. Tilling.

Transfers.—To Army and Navy General Hospital, Hot Springs, Ark.: Gertha A. Robbins. To U. S. Army General Hospital, Waynesville, N. C.: Eva Waters. To Letterman General Hospital, San Francisco, Cal.: Rachel E. Campbell, Katherine Durrell, Julia H. Niemeyer, Mrs. Minette D. Palmer. To Walter Reed General Hospital, Takoma Park, D. C.: Mottie Good. To Saint Mary's Hospital, Rochester, Minn.: Sylvia H. Hannan, Dorothy Jacobus, Sadie A. McLean, Helen M. Holland, Ruth C. Williams. To U. S. Army Post Hospital, Fort H. G. Wright, N. Y.: Elsie M. Harrington, Eva M. Wallace. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Cecelia J. Johnson. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.: Harriet D. Jayne. To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.: Wilhelmina H. Hicka. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Catherine C. Reardon, with assignment to duty as Chief Nurse, Edith L. Whaley. To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C.: Mary M. Higgs. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Marguerite G. Barnett. To U. S. Army General Hospital, Fort Bayard, N. Mex.: Lydia Bragstad, Minnie L. Delander. To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.: Katherine C. Dear. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Josephine M. O'Connor. To Camp Hospital, Camp Colt, Gettysburg, Pa.: Marion P. Manague. To U. S. Army General Hospital No. 9, Lakewood, N. J.: Lynette L. Vandervort. To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: Benedicta C. Rocha. To U. S. Army General Hospital No. 11, Cape May, N. J.: Nora F. Swartz. To U. S. Army Base Hospital No. 117, Ellis Island (service in Europe) Helen B. Waring, Lydia McLallen, Antoinette Truchon, Margaret A. Ward, Charlotte E. McClone, Mary M. Timmins. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Adella E. Hamphill, Maggie M. Hylander. To Department Hospital, Honolulu, H. T.: Nellie Ratcliffe, Helen Marshall. To U. S. Army General Hospital No. 12, Biltmore, N. C.: Sarah Swartz, Bertha Attenhofer, Martha Clever, Mildred E. Dederick, Aime E. DeLong, Henrietta M. Dvorak, Nora E. Jones, Elsie Kudlich, Stephanie Masbach, Josephine L. Munro, Genoveva Petit, Mary E. V. Stockheimer, Sophie W. Sommer, Lenora Tassell, M. Alice Veit, Johanna Wiesing, Ethel A. Best, Clara A. Koch, L. Myra Rheinheimer, Radhel Goldgar. To U. S. Army Base Hospital No. 114, Nurses' Mobilization Station, 120 Madison Avenue, New York, N. Y. (service in Europe): Anna Wiberg, Stella E. Sainsbury, Blanche L. Duvall, Myrtle Claypoole, Mabel M. Crawford, Anita J. Eddy, Masee G. Smith, Katherine White, Mary A. Ladd, Edith Mullen, E. Mae Dorrance, Louise Gleim, Anna L. Gunnick, Edith Haines, Mary C. Kell, Alida K. Price, Mary C. Mapes, Grace Horning, Marian E. Manlius, Eva Delbridge, Effie H. Taylor, Belle VanSchoick, Maude E. Richards, Mildred M. Ripley, Lucretia Whitaker, Grace Madden, Katherine O'Brien. To New York, N. Y.: Mabel K. Adams with assignment to duty as Chief Nurse, attached to U. S. Army Base Hospital No. 13. Mary McCallister, Sarah A. Clark, Mary I. Hammel, Margaret E. Reamey, Golden R. Grosh, Charlotte M. Friend, Margaret McPeterson, Margaret H. Hughes, attached to U. S. Army Base Hospital No. 26.

Members of Base Hospital 19, Replacement Hospital "A," American Expeditionary Forces, British Expeditionary Forces, Unit "T," Unit "V," Unit "W," and Base Hospitals No. 22, 38, 26, 47, have been ordered to New York.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in military establishment: Helen Bell, Fay G. Butler, Annie M. Campbell, Lillie M. Craig, Ella P. Dennis, Nellie F. De Sherick, M. Grace Dobson, Julia J. Donohue,

Florence E. Douglass, Valberg E. Erling-Nielsen, Margaret C. Garretson, Caroline Geiken, Katherine E. Geisendorfer, Harriet P. Gillis, May H. Given, Z. Selma M. Gustavson, Felicia Hecht, Abbie L. Heller, Rose F. Heninger, Anna V. Hughes, Elizabeth M. Jamieson, Ottie M. Johnson, Elizabeth Kenney, Elizabeth McL. McMillan, Esther S. Loos, Helen C. McNeill, Myrtle J. Meyer, Jane B. Middaugh, Mabel M. Miller, Bertha Nelson, Louise A. Odam, Agnes G. Peterson, Mary L. Read, Blanche H. Rose, Mary F. Sheil, Mabel E. Smith, Annie A. Snow, Rebecca T. Steen, Bertha M. Story, Mary E. Strine, Rosina C. Tinsley, Susan D. Torrey, Maude E. Walters, Josephine B. Ward, Gertrude M. Weaver, Ella M. Wood, Helen R. Wray, Lucie M. Wygant, Ella McKenzie.

**DORA E. THOMPSON,**  
**Superintendent, Army Nurse Corps.**

**Alabama.**—THE NURSES' BOARD OF EXAMINATION AND REGISTRATION will hold examinations for the registration of nurses, July 1 and 2 in Mobile; July 2 and 3 in Montgomery; July 5 and 6 in Birmingham. Application blanks can be obtained from the secretary-treasurer, Helen MacLean, R.N., 2430 N. 11th Street, Birmingham, Ala. All applications must be in the hands of the secretary-treasurer at least fifteen days prior to the date of the examination.

**Colorado: Colorado Springs.**—THE ALUMNAE ASSOCIATION OF GLOCKNER HOSPITAL TRAINING SCHOOL at its annual meeting, recently, elected the following officers: President, A. M. Musilek; vice president, Mrs. Mae Beyle; secretary, Beatrice Mitchell; corresponding secretary, Blanche Jacobson; treasurer, Mae Murphy. The Senior Class entertained the members of the Red Cross Nursing Service Committee at dinner at Glen Eyrie Castle. On April 19 the Alumnae gave a reception and tea in honor of the nurses about to be called into service. Dr. W. V. Mullin and Mrs. Goddard gave farewell talks. A meeting was held in the First Methodist Church to bid godspeed to eight nurses who are going into cantonment service for six weeks prior to going to France. A new service flag waves from Glockner with stars for five of its graduates. THE COLORADO SPRINGS NURSES' REGISTER ASSOCIATION at its April meeting elected the following officers: President, Blanche Lewis; vice president, Mary Taylor; recording secretary, Carrie B. Moore; corresponding secretary, Margaret Niesley; treasurer, Clara Follmer. ADDA ELDREDGE, THE INTERSTATE SECRETARY, on her way from Texas to Minnesota, stopped off in Colorado, speaking to groups of nurses and high school students in Colorado Springs, Denver and Pueblo. **Denver.**—THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL held its annual meeting on April 9, at the County Hospital, and elected the following officers: President, Signa Freek; secretary, Marie Maul; treasurer, Louise Perrin. Fifteen dollars was contributed to the Relief Fund and to the Robb Fund, and the Association bought a hundred-dollar Liberty Bond.

**Connecticut: New Britain.**—SARAH HAMRICK, who has had charge of the Visiting Nurse Association in New Britain for the past three years and who has done much to develop the work, resigned on June 1 to take a much needed rest.

**Delaware.**—THE DELAWARE STATE BOARD OF NURSE EXAMINERS will hold an examination for applicants for state registration, on Monday, June 3, at Delaware Hospital, Wilmington, Del., beginning at 10 a. m. Applications may be procured from the secretary, Anna M. Hook, R.N., 602 West Street, Wilmington, Del.

**Georgia.**—THE GEORGIA STATE BOARD OF NURSE EXAMINERS will hold examinations on June 11, 12 and 13 in Atlanta, Augusta, Macon and Savannah. THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual meeting in Valdosta, May 24 and 25. Plans for reorganization were discussed. The

Credential Committee reported an increase in membership of forty-five. The Association voted to give \$25 a year to the Nurses' Relief Fund, and several members made individual contributions to the Fund. Jane Van de Vrede and Mrs. Fuller, of the Southern Division of Red Cross Nursing Service, gave patriotic addresses at the Red Cross session. The officers, all of whom served last year, are: President, Henrietta Myers, Savannah; corresponding secretary, Eva Higginbotham, Savannah; president of board of examiners, Jane Van de Vrede, Atlanta; secretary, Louise Hazlehurst, Atlanta. Savannah.—THE TRAINING SCHOOL OF THE PARK VIEW SANATORIUM held commencement exercises on May 16 for a class of seven, all of whom will enter Red Cross service after completing the state board examinations. Atlanta.—THE PIEDMONT SANATORIUM TRAINING SCHOOL held graduating exercises for a class of thirteen, on May 3.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES held graduating exercises May 28 for a class of fifty-four nurses, at St. Paul's Methodist Church. THE FIRST DISTRICT held its annual meeting for student nurses at the Art Institute, April 25, when addresses were given by Minnie H. Ahrens on Red Cross work and by Adda Eldredge on Organization. A service flag showing 499 stars, of which five were gold, was unfurled. The Illinois League of Nursing Education met at the Nurses' Club on May 2. Miss Eldredge spoke on training school problems and on ways of organizing district leagues throughout the state. Officers were elected: President, Mary C. Wheeler; vice president, Beasie Barnes; secretary, Sister Mary Veronica; treasurer, Ada B. McCleary. Springfield.—ADDA ELDREDGE, INTERSTATE SECRETARY, addressed a meeting of the Thirteenth District Association at St. John's Hospital and in the evening spoke to an audience of student nurses at the Springfield Hospital. Alton.—THE FOURTEENTH DISTRICT held its annual meeting on April 20 at St. Joseph's Hospital when the following were elected: President, Annabelle Clarke, Alton; vice president, Anna Coudy, Alton; corresponding secretary, Charlotte Todd, Alton; recording secretary, Zita Callaghan; treasurer, Miss Hoffman, Collinsville.

Indiana.—THE INDIANA STATE NURSES' ASSOCIATION held its fifteenth semi-annual convention at Lafayette, April 4 and 5. Addresses were given by Dean Carolyn Shoemaker of Purdue University, on Women and the War; by Dr. J. W. Shafer of Lafayette on Some Newer Phases of Surgical Treatment; and by Dr. Adah McMahan on Infant Welfare. Mary M. Roberts of the Lake Division of the Red Cross Nursing Service made an urgent appeal for the enrollment of nurses.

Kansas: Wichita.—WICHITA HOSPITAL graduated a class of eight on April 30, exercises being held in the auditorium of the high school.

Kentucky: Louisville.—STS. MARY AND ELIZABETH HOSPITAL held commencement exercises for its first graduating class on April 8, at the hospital. The Rev. J. P. Cronin, V.G., and Dr. M. Casper spoke to the graduates and a message was read from Dr. W. O. Roberts. Through all these words of counsel, the country's need for nurses was greatly emphasized. Two of the graduates are already enrolled for foreign service.

Louisiana.—THE LOUISIANA STATE ASSOCIATION reports unusual activity since the first of the year. A number of rousing rallies have been held in the interest of the Red Cross, and the visit of the Interstate Secretary gave the different associations an opportunity to complete their organization. At the annual election, Mrs. Lena Cross was chosen president, succeeding Mary C. Gillespie, who declined renomination. New Orleans.—CHARITY HOSPITAL gave a reception on May 2, in honor of Mrs. John Dibert, through whose generosity they were able to organize Loyola Unit, which is soon to be stationed in Italy. Dr. Danna, with

six associate physicians, six Sisters of Charity, twenty-six nurses, mostly Italian-speaking, and others largely from hospitals conducted by Sisters of Charity, are members of the Unit. Mary C. Gillespie, president of the Alumnae, and May McDonough gave farewell talks.

**Maryland: Baltimore.**—THE JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES, on May 1, graduated a class of 68, with an address by Lillian D. Wald; awarding of scholarships, Dr. Henry M. Hurd; distribution of diplomas, Hon. Henry D. Harlan.

**Massachusetts.**—THE STATE BOARD OF REGISTRATION OF NURSES, as a war measure, will hold an additional examination for applicants for registration on Tuesday and Wednesday, June 25 and 26, 1918, at Boston, Mass. Application for any examination must be filed at least five days before examination date. Walter P. Bowers, Secretary, State House, Boston, Mass.

**Minnesota.**—THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION held its semi-annual meeting in Minneapolis on April 16. Louise M. Powell, the secretary, in giving the report of the survey, stated that all the schools are trying to enlarge their student body, to help in the war emergency. Miss C. M. Powell read Miss Eppley's report as chairman of the Public Health Committee, after which Dorothy Motl, Augusta Mettel and Emma Peterson told briefly about public health work in their districts. Mrs. G. G. Eitel reported that there is now in the State Relief Fund, \$100. Adda Eldredge, the Interstate Secretary, gave a short talk on reorganization, after which Lydia Keller, chairman of the State Revision Committee, read the proposed constitution by sections, and Miss Eldredge was able to answer many of the questions that came up. The final action will be taken at the annual meeting, and each alumnae association has been instructed to so complete its organization that it can come into its district under the new arrangement. Lydia Keller was appointed a delegate to the national convention, and her reappointment on the Board of Nurse Examiners was confirmed. Miss Eldredge then presented the subject of the AMERICAN JOURNAL OF NURSING, asking the members to subscribe to it and contribute to its pages. The evening meeting was scheduled for the Little Theatre on the University Campus, but had to be held in the Chemistry Building, causing considerable delay. Miss Eldredge told the history of the American Nurses' Association, the various activities in which it is engaged and the years in which these activities were started, the founding of the League of Nursing Education, the Public Health Organization, the Hampton-Robb Memorial Fund, the Nurses' Relief Fund, of the pledge made by the American Nurses' Association to the American Red Cross that in time of disaster the personnel of the nursing forces needed would be supplied by this organization, and of the still greater responsibility that was taken when this association pledged that the personnel of the Army and Navy Nurse Corps would be adequately supplied. Miss Eldredge made a very strong appeal to those who are free, who can be spared from the training schools and public health work, to enlist for active service. Edith Barber, Director of Red Cross Nursing Service for the Northern Division, made an appeal for Minnesota's quota of the 5000 nurses needed the first of each month from now until January first. She said it will mean that seventeen nurses must be enrolled each week if the State is to do its share. Miss Barber also spoke of the Home Defense Service which is now being organized. The secretary called the roll of all affiliating alumnae associations in which they gave the number of graduates of the school, of married nurses, members of the Alumnae, and the number of enrolled Red Cross nurses. Reports were then read from the Red Cross Nursing Service Committees of Duluth, Rochester, St. Paul and Minneapolis. Miss Paterson, as chairman of

the State Committee, made a strong appeal for increased enrollment. Louise M. Powell, who is a member of the National Committee of the American Red Cross, briefly outlined the purpose and function of this committee and told of the newly designed service flag for nurses.

Missouri: St. Louis.—CENTENARY HOSPITAL ALUMNAE ASSOCIATION, at its regular meeting on May 1, arranged to add a golden star to the service flag in honor of Mrs. Kathryne Woodfin-Cecil, who died at Camp Wheeler, Macon, Ga., on April 18.

New Jersey.—THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its third annual meeting in the rooms of the Board of Health, Newark, on May 4. Child hygiene, baby welfare, prenatal, orthopaedic, tuberculosis, psychological, eye and ear, and nose and throat clinics were open the previous day to visiting members. At the morning business session the constitution and by-laws were amended to conform to the national, and these officers were chosen: President, F. N. Cummings, Red Bank; vice president, Mrs. L. J. Gemmell, East Orange; recording secretary, Grace Colvin, East Orange; treasurer, Mrs. U. C. Ryerson, Newark. The afternoon session was filled with very interesting papers: Organized Child Hygiene Work, by Dr. Julius Levy; Industrial Nursing, by Elizabeth Burns; Legislative Bureau at Trenton, by Mr. C. L. Morgan and Mrs. Beatrice Stern, who outlined the methods of securing legislation and showed what can be accomplished through intelligent co-operation; and a paper on Mental Hygiene, by Dr. Francis N. Maxfield. The retiring president received well deserved tributes for the work accomplished during her term of office, the membership, having more than doubled, numbers now about 120. Several new standing committees have been appointed to carry on the work of strengthening the organization in its many branches. Orange.—ORANGE MEMORIAL HOSPITAL held graduating exercises for a class of ten in the East Orange High School, on May 16. Florence M. Johnson, Director of the Atlantic Division of the Red Cross Nursing Service, was the principal speaker. Montclair.—MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION at its regular meeting on April 17 discussed the omission of the annual dinner for the graduating class, owing to war conditions.

New York: Brooklyn.—BROOKLYN HOSPITAL ALUMNAE ASSOCIATION at its meeting May 7, voted to give the \$40 usually spent for refreshments during the year, to the Red Cross. A benefit dance will be held during Red Cross week. The association raised \$32,000 at the hospital booth during the recent Liberty Loan campaign. This was the only hospital that took an active part in the drive. LONG ISLAND COLLEGE HOSPITAL recently elected these officers: President, Anna Davids; vice president, Margaret Ziegler; recording secretary, Jessie W. Cavens; corresponding secretary, Henrietta V. Garrow; treasurer, Mollie Hoge. Yonkers.—ST. JOHN'S RIVERSIDE HOSPITAL graduated a class of fifteen on May 28. To express their patriotism each member of the class bought a Liberty Bond and twelve of them are applying for service under the Red Cross. New York.—THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises at the hospital on May 23. White Plains.—THE WHITE PLAINS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 7 and elected the following officers: President, Elizabeth Delworth; vice president, Isabelle Walsh; recording secretary, Mrs. Camille Ferry; corresponding secretary, Winifred Godfrey; treasurer, Mrs. Anna Romer; trustees, the Misses Behnke, Brown, Miller, and Lindsay. Buffalo.—THE BUFFALO HOSPITAL OF THE SISTERS OF CHARITY is now affiliated with the District Nursing Association. The Alumnae Association held a special meeting early in April, to which the senior pupils were invited, for the purpose of stimulating enrollment in the Red Cross. Rochester.—THE ROCHESTER

GENERAL HOSPITAL held graduating exercises on April 25 for a class of 32. The chief address was made by Captain F. C. Hamilton, Instructor in Military Science, University of Rochester. THE ROCHESTER GENERAL HOSPITAL ALUMNAE at their March meeting unfurled a service flag representing thirty nurses. Rev. C. Waldo Cherry told of his work at Camp Dix. At the annual meeting in April, the following officers were elected: President, Rose Weber; secretary, Emma Nelson; treasurer, Mrs. Eva T. Eacker. Grace Tailley is doing industrial nursing at Bausch and Lomb's. Mrs. Adelaide Brooks Sanford is in charge of the Central Directory. Eva Shamp is an industrial nurse at the Vacuum Oil Company. Auburn.—THE GRADUATE NURSES' ASSOCIATION OF AUBURN instituted in November a Red Cross Equipment Fund, before it was understood that the Red Cross outfitts the nurses for foreign service. It was, however, decided not to abandon the plan but to raise a smaller sum and to give to each nurse assigned to duty, either at home or abroad, a certain sum dependent upon the amount raised. Each nurse was sent a tarleton mit and asked to "Come on February 12th, your money in your mit, be a little more than generous, do a little more than your bit." In response, nearly \$140 was raised. In this way \$15 has been given to each nurse called into service. Bronxville.—EMMA C. LINDBERG has resigned her position as superintendent of Lawrence Hospital which she has held for four years. Ogdensburg.—FLORENCE BARR, class of 1916, St. Lawrence State Hospital, has a hospital position in Detroit; Gertrude and Flora Clarke, class of 1917, have taken positions at Bellevue; Beasie Lavier of the same class is tuberculosis nurse for Franklin County with headquarters at Malone. NEW YORK STATE ORGANIZATIONS desiring a visit from the Interstate Secretary during the summer or early fall are asked to communicate with her as early as possible. The state directors are asking her to make a tour of the state in the interests of the reorganization.

North Carolina.—THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its sixteenth annual meeting in the Baptist Church of Kinston, on June 4, 5, 6, and 7. Jane Van De Vrede, Director of Red Cross Nursing Service for the Southern Division, will speak at the Red Cross Rally on the fifth. The Caswell Hotel will be the headquarters.

Ohio.—THE NURSES' EXAMINING COMMITTEE OF THE OHIO STATE MEDICAL BOARD will hold an examination for registration of nurses at the State House Columbus, on June 11 and 12. Harriet L. P. Friend, Chief Examiner, State House, Columbus. Akron.—THE CITY HOSPITAL OF AKRON held commencement exercises on May 15, at the First Presbyterian Church, for sixteen nurses of the class of 1917 and the class of 1918. The principal addresses were given by Rev. Franklyn Cole Sherman and Mr. C. B. Raymond. Cleveland.—THE LAKESIDE HOSPITAL held commencement exercises for a class of thirty-nine, on May 2, with an address by James R. Garfield, Manager Lake Division, American Red Cross. Toledo.—ST. VINCENT'S ALUMNAE ASSOCIATION held its first annual reception on April 15, in honor of the graduating class. Two hundred guests were present, among them Mary M. Roberts of Cleveland, Lake Division Director, Red Cross Bureau of Nursing Service, who spoke on the work of the Red Cross. Dr. C. N. Smith discussed The Nurse's Duty to Her Country, and Monsignor A. J. Schwertner, Chancellor of the diocese, The Alumnae and its Relation to Alma Mater. A social hour followed.

Pennsylvania: Pittsburgh.—THE ALUMNAE ASSOCIATION OF THE PITTSBURGH HOMEOPATHIC HOSPITAL recently subscribed \$6000 to the Third Liberty Loan. Reading.—READING HOSPITAL ALUMNAE ASSOCIATION purchased several Liberty Bonds and is giving the money usually spent on refreshments at the monthly meetings for War Relief and Red Cross work. The names of the officers follow:

President, Mrs. Anna Barlow; secretary, Emma J. Hiester; treasurer, Edna M. Hain; committee on revision, Misses Leippe, Newcomet, and Fricker. Mrs. Barlow was chosen as delegate to the Cleveland convention. On May 2 the annual commencement exercises were held for a class of fifteen, and on May 4 the class was entertained at the Nurses' Home. Susan C. Francis, class of 1894, and at present Director of the Pennsylvania Division of the Red Cross Nursing Service, presented the hospital with a service flag on behalf of the Alumnae Association. Scranton.—THE STATE HOSPITAL ALUMNAE ASSOCIATION met on April 11 and chose its delegates to the Cleveland convention.

Rhode Island.—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Providence District Nursing Association's rooms on April 19, to listen to a discussion of The Standard Curriculum for Training Schools, by Lucy C. Ayers; and The Nursing Situation as seen by the National Committee on Nursing, presented by Winifred L. Fitzpatrick. Providence.—THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on April 30, at which Alice Hunt of the Consumers' League and of the National Security League, spoke on The Conservation of Women in War Time. The hospital held commencement exercises on May 15 for a class of fifty, Henry Noble MacCracken, president of Vassar College, being the principal speaker. THE PROVIDENCE BRANCH OF THE GUILD OF ST. BARNABAS met on April 4, when Mary Murray, Secretary of the State League for the Suppression of Tuberculosis, gave an interesting account of her work in France, where she has helped to organize a preventorium and five dispensaries. At the meeting of the Guild on May 2, Mrs. William McDonald, Jr., described her experiences in Halifax at the time of the disaster. Barrington.—MARY E. DELASKEY has accepted the position of District Nurse, succeeding S. Irene Betts, who goes to Redlands Heights Hospital, California.

South Carolina.—THE SOUTH CAROLINA GRADUATE NURSES' ASSOCIATION held its eleventh annual meeting in the Charleston Hotel, Charleston, on April 10, 11, and 12. The opening session was called to order at ten o'clock on Wednesday morning. After prayer by the Rev. B. W. Fleming, Mayor T. T. Hyde welcomed the nurses to the city, Dr. R. S. Cathcart bid them welcome for the doctors, Mrs. Leland Moore, president of the City Federation of Women's Clubs, greeted them in behalf of the Federation, Mrs. Ashley Halsey extended greetings from the Charleston Chapter of the Red Cross; to all of these cordial expressions Jane E. Fraser made the response. This was followed by Mary C. McKenna in the President's address, and by Dr. Robert Wilson, Jr., Dean of the Medical School of the University of South Carolina. The closing addresses of the morning session were given by Captain Charles W. Kollock, M.D., on Standards of Schools for Nurses, and by Jane Van De Vrede, on The Nurse, Her Opportunities and Responsibilities. At the afternoon session, these addresses were given: Control of Communicable Disease at an Army Post, Captain William Atmar Smith; The Rights of the Mother and Her Baby, Dr. G. Fraser Wilson, Department of Obstetrics, University of South Carolina; and one by Dr. Leake of the State Hospital, Columbia. Later in the afternoon addresses were given at the Public Health Session by Dr. Rachel Yarros of Chicago, War Work Council, Y. W. C. A.; by Miss Sherman, Visiting Nurse, Society for the Study and Prevention of Tuberculosis, Charleston; and by Sister M. Michael, St. Francis Neighborhood House, Charleston, on Who Is My Neighbor? In the evening the members enjoyed a dinner at the hotel followed by a theatre party. Thursday morning was occupied with a surgical clinic at Roper Hospital, Dr. R. S. Cathcart in charge; and demonstrations in practical nursing by pupils of Roper Hospital and St. Francis Xavier Infirmary. The officials of Roper Hospital entertained the nurses at

luncheon. An automobile trip to the Magnolia Gardens was the feature of the afternoon, and the evening was devoted to a meeting of the League of Nursing Education. Friday morning was filled with matters of business, and in the afternoon, through the courtesy of the wife of Mayor Hyde, the nurses were given a boat ride around the harbor. These officers will direct the Association through the coming year: President, Mary C. McKenna, St. Francis Xavier Infirmary, Charleston; vice presidents, A. B. Commer, St. Francis Xavier Infirmary, Charleston, Jane Fraser, 1222 Richland Street, Columbia; secretary, Antonia B. Gibson, 29 E. Calhoun Street, Sunter; treasurer, Zadie Gulledge, 1222 Richland Street, Columbia; chairmen of committees, Public Health, A. Gibson; League of Nursing Education, Mary C. McKenna; Red Cross, Mary C. McKenna; Legislative, M. Gulledge; Publicity, M. Trenholm.

**South Dakota.**—THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of graduate nurses on July 15 and 16 in Pierre. Applications must be on file two weeks prior to date of examination. For blanks apply to Mrs. Elizabeth Dryborough, Secretary-treasurer, Rapid City.

**Utah.**—THE UTAH BOARD OF NURSE EXAMINERS will hold an examination in Salt Lake City the first week in June for the registration of nurses. Further information may be obtained from the secretary-treasurer, H. C. Haines, 406 Capitol Building, Salt Lake City.

**Wisconsin.**—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for state registration of nurses on June 18 and 19, 1918, at the City Hall, Milwaukee. All applications should be on file as early as possible. Applicants under the new waiver law must send application prior to June first. Let every nurse in the state see to it that she gets her credentials ready to serve her country whenever she is needed. Anna J. Haswell, Secretary, 1610 Jefferson Street, Madison, Wisconsin.

#### BIRTHS

On May 2, at Scranton, Pa., a daughter, to Mr. and Mrs. James Gibbons. Mrs. Gibbons was Nona Smith, class of 1913, State Hospital, Scranton.

On April 16, a son, Henry, to Mr. and Mrs. Patrick McArdle. Mrs. McArdle was Mary A. O'Neill, class of 1910, Rhode Island Hospital, Providence, R. I.

On April 19, at Peoria, Illinois, a daughter, to Mr. and Mrs. Robert Harrison. Mrs. Harrison was Bess Howe, class of 1914, Proctor Hospital.

On January 30, a daughter, Charlotte Howard, to Mr. and Mrs. John Dyson. Mrs. Dyson was Charlotte Howard, class of 1914, Illinois Training School, Chicago.

On April 10, a daughter, to Mr. and Mrs. George Hemp, of Milwaukee, Wis. Mrs. Hemp was Harriette Greene, class of 1914, Saratoga Cure and Infirmary, Saratoga Springs, N. Y.

On April 23, a daughter, Mary Eileen, to Mr. and Mrs. Seymour. Mrs. Seymour was Bertha Finn, class of 1908, St. Lawrence State Hospital, Ogdensburg, N. Y.

#### MARRIAGES

On April 5, in Philadelphia, Agnes Stringer, class of 1916, Protestant Episcopal Hospital, to Barton H. Kelly. Mr. and Mrs. Kelly will live in Philadelphia.

On April 19, at Union, N. Y., Emily Gamewell, a graduate of State Hospital, Scranton, Pa., to S. Smith, M.D. Dr. and Mrs. Smith will live in Meadows, Pa.

On March 26, Sarah Cole, class of 1898, Reading Hospital, Reading, Pa., to Howard Smith. Mr. and Mrs. Smith will live in Reading.

On November 5, Ann B. Renalds, class of 1913, Winchester Memorial Hos-

pital, Winchester, Va., to Lieut. Roland D. Cock, U. S. A. Mrs. Cock will continue in the prenatal and infant welfare work with the Wise Coal and Coke Company at Dorchester, Va., while her husband serves with the army.

On April 30, Irene Schertz, class of 1911, Proctor Hospital, Peoria, Illinois, to August Herbst.

Recently, at Billings, Mont., Mary C. Butz, class of 1912, Medico-Chirurgical Hospital, Philadelphia, to Amund Grimstad. Mr. and Mrs. Grimstad will live in Wittenburg, Wis.

In December, 1917, Anna Louise Davis, class of 1907, Rockford Hospital, Rockford, Ill., to Andre G. DeWeal. Professor and Mrs. DeWeal are living in St. Louis.

On April 13, Henrietta Wieck, class of 1910, Lutheran Hospital, Cleveland, to Isaac George Baughman. Mr. and Mrs. Baughman will live in Barberton, Ohio.

On March 23, Frances M. Baker to Leland B. George of San Antonio, Texas.

On March 18, at Columbia, S. C., Clara Gertrude Wright, class of 1917, Presbyterian Hospital, Philadelphia, to Leon Thomas Mart.

On April 6, at Haverford, Pa., Ethel Jean Hamilton, class of 1916, Presbyterian Hospital, Philadelphia, to Lieutenant Lewis Wilberforce Link, U. S. A. R.

On March 19, in New York City, Mary E. Hediger, class of 1916, St. Agnes Hospital, Philadelphia, to Lieutenant Francis Russell Hoyt, M.D. Mrs. Hoyt will continue in nursing work until the war is over.

On March 6, in Greenville, S. C., Charlotte S. Sherman, class of 1914, Rochester General Hospital, Rochester, N. Y., to Carl W. Clark, M.D., M.R.C.

#### DEATHS

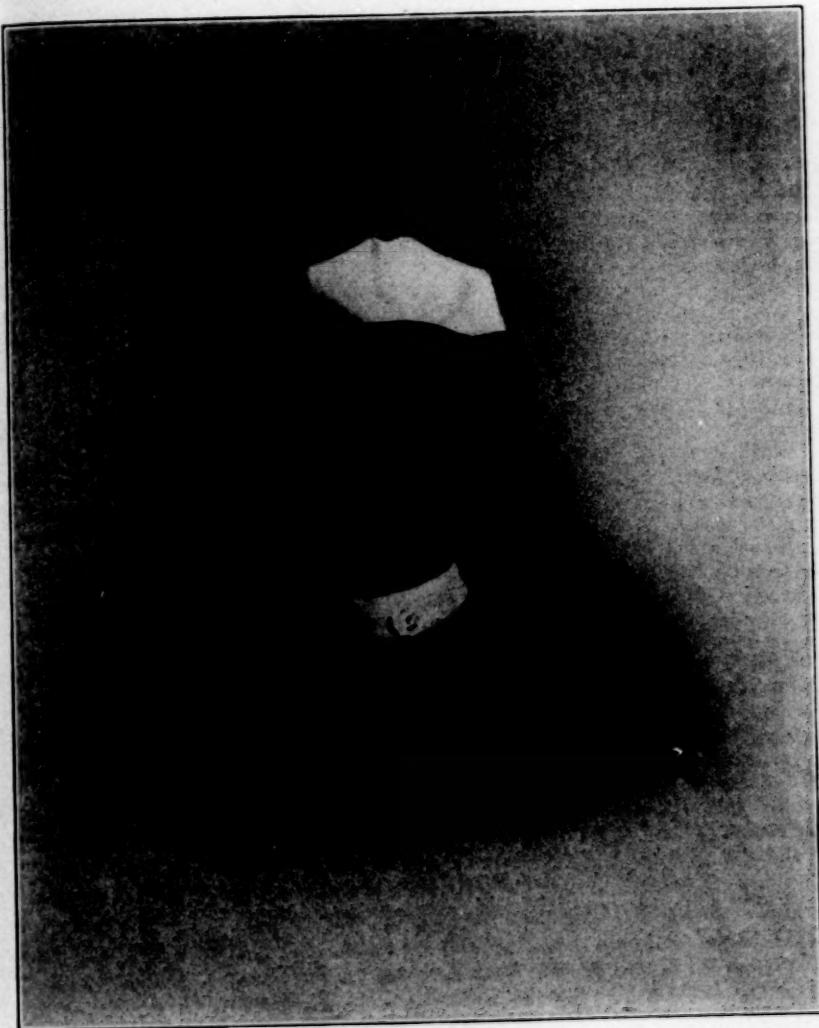
On January 3, at Rochester, N. Y., Lillian Crenell Stearns, class of 1904, Rochester General Hospital, Rochester, N. Y. Mrs. Stearns' death was due to cardiac trouble.

On March 18, at Kolhapur, India, Elizabeth A. Foster, class of 1894, Presbyterian Hospital, Philadelphia. Miss Foster had been in India, under the Presbyterian Board of Foreign Missions, since 1897, first at Kodoli, caring for orphan children and, later, at Kolhapur in charge of the training school for nurses of the Mary Wanless Memorial Hospital. Her death is a great loss to the mission. It is said of her: "No one had given more faithful service—she walked with God, even when she was here."

On April 8, at the Montreal General Hospital, Canada, Frances S. T. Miller, after a lingering illness in France and England. Miss Miller was a graduate of the New York Infirmary for Women and Children, New York. She had spent some years in Brooklyn with the Board of Health, leaving for the front in March, 1917.

On April 10, Mabel E. Solt, class of 1916, Lakeside Hospital, Chicago, of lobar pneumonia.

On March 25, at the Hartford Hospital, Hartford, Conn., Lauder Sutherland, after an illness of only three days, with pneumonia. Miss Sutherland was born in Coburg, Ontario; she was educated in Canada, and graduated from the Toronto General Hospital Training School for Nurses, after which she spent seven years at the Lakeside Hospital, Cleveland, Ohio, coming from there to Hartford, October 1, 1905, to take charge of the training school at the Hartford Hospital. Miss Sutherland's ability, and the influence of her most remarkable personality; her power as an organizer, and her keen vision and appreciation of the great possibilities within the scope of her profession, are exemplified in the work she was suddenly called to lay down. Under her management the school had



**Lauder Sutherland**

grown from a pupil body of 35 students to one numbering 165, with a staff of 22 graduate supervisors, and teachers. The necessary accomodations for housing in the most attractive home-like manner, had been built and equipped. Miss Sutherland's personal interest in the individual pupil was remarkably emphasized in her work; and her high ideals and ambitions for the best in life are portrayed in the large army of splendid women graduated under her influence. Miss Sutherland was prominent in all of the state and national nursing activities. She was a councilor of the National League of Nursing Education for some years; a member of the Connecticut Board of Examination and Registration of Nurses since 1906; the president of this board since 1914; also president of the State League of Nursing Education. Her loss is keenly felt by the nursing profession, and she leaves many warm personal friends in the social activities of Hartford. The last weeks of her life were spent in the development of her school to help meet the demand for nurses for war service. Realizing her inability, because of a serious cardiac condition, to go into the service herself, she stimulated others by her splendid spirit, and while she loved life and work, she gave them up with the same spirit of faith that characterized her useful career. Funeral services were held on March 26, in the Nurses' Residence, and burial was at Coburg, Ontario.

Effie J. Taylor, retiring secretary of the National League of Nursing Education, writes of her:

"It is with deepest regret and sorrow that we announce to our members the death of Lauder Sutherland, who has been a member of the National League of Nursing Education for many years, who was always present at the annual meetings and took an active part in the proceedings. For the past year she has been a member of the Board of Directors and her passing will be felt as a loss to the profession. Through her activity, Miss Sutherland was instrumental in helping to keep up the nursing standards in the State of Connecticut and as an educational organization we owe her a debt of gratitude. We regret that she may be no longer with us, but we are grateful for her past work and influence."

Miss Hills and Miss Somers, a committee of the Graduate Nurses' Association of Connecticut, write:

"She has been a power in the nursing profession, commanding the respect and admiration of the nurses. Her co-workers have always felt the force of her personality in bringing nursing standards to her own high ideals. She had been an honored and valued member of the Graduate Nurses' Association of Connecticut since coming to the state. We shall sadly miss her forceful personality and mourn the loss of an efficient nurse and a loyal friend."

#### HONOR ROLL

##### Died in the Service of Their Country

Hattie M. Newkirk, April 2, 1918, Cantonment.

Emma W. Butler, April 7, 1918, Cantonment.

Mrs. Katherine Woodfin-Cecil, April 18, 1918, Cantonment.

Mrs. Woodfin-Cecil died after an illness of three days, with pneumonia. A military service was held at the chapel of the Base Hospital. Burial was in St. Louis with a military escort. Mrs. Woodfin-Cecil was the first St. Louis nurse to die in service. She left with her associates a memory of a high conception of devotion to her country.

## BOOK REVIEWS

IN CHARGE OF  
GRACE H. CAMERON, R.N.

**THE CHILD IN HEALTH AND ILLNESS.** By Carl G. Leo-Wolf, M.D., with an introduction by Dr. Peter W. Van Peyma, Chemical Professor of Obstetrics, the University of Buffalo, N. Y. George H. Doran Company, Publishers, New York. Price, \$2.00.

This book has been written for mothers. However, all those who are interested in the growth and development of children will find something of practical value here. Dr. Leo-Wolf has treated the subject in a common-sense way, making the book understandable to all. In a simple way he states the essential facts in the development of the child; the care and feeding both in health and illness, clothing, education, and symptoms and care in special diseases. Dr. F. Park Lewis contributes a chapter on "Defects of the Eye and Blindness in Children." The young mother will find much of interest and instruction in this book. It also is a useful book for the pupil nurse as supplementary reading.

**THE MASTERY OF NERVOUSNESS**, based upon the re-education of self. By Robert S. Carroll, M.D., Medical Director, Highland Hospital, Asheville, N. C. The Macmillan Company, New York. Price, \$2.00.

Dr. Carroll gives in an interesting way practical recommendations toward the solution of the problem of nervous adjustment. "Special foods, elaborate systems of exercise, spinal supports and rubber heels, specially tinted walls, and harmless water from far away springs, begoggled noses, and beds placed compasswise and insulated with glass casters, seamless doors, and dogless towns—all speak eloquently of modern man's nervous estate." The author first defines nervousness; then classifies the afflicted ones into types, points out the paths that lead to mental illness, and the penalties of errors in eating, of inactivity of mind and body, and of uncontrolled emotional intensity. "Serious investigation into the nature and character of man reveals the truth that he was created for productive activity." We are further told the importance of work and play; the necessity for will re-education; the power that comes through clear thinking and controlled emotions and true morality. The theme of the book is humanity's adjustment to things, people and self. "All real adjustments lead to harmony of the better self with the truths that change not. And life knows no success comparable to that truly serene self which holds the infinite power of repose and self mastery—the perfect

harmony of the simple life." This book is well worth thoughtful reading.

**OBSTETRICS FOR NURSES.** Fifth Edition. By Joseph B. DeLee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. 12mo of 550 pages, with 235 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$2.75.

For many years the nursing profession has been indebted to Dr. Joseph B. DeLee for clear and interesting instruction in this branch of medical science. This book is the outgrowth of eight years of lecturing to nurses, and the author has most successfully presented the subject from the nurse's point of view.

To quote from the introduction, "Why should not the woman about to perform the highest function of the race, at the most interesting, most endearing, and the crucial moment of her life, enjoy the greatest benefits, the finest art that the science of medicine affords?" The nurse needs special and careful instruction for the work of caring for women during this most important period that she may "smooth the path for the advance of the obstetric art."

The new fifth edition just published is a splendid textbook. The chapters on Visiting Nursing, Private Duty Nursing, and Dietary, add much to the value of the book.

The outlines of study by Nancy E. Cadmus are a help to the teacher. The illustrations are unusual, detailed and instructive, and the book deserves a place in every class room.

**DIETETICS FOR NURSES.** By Julius Friedenwald, M.D., Professor of Gastroenterology in the College of Physicians and Surgeons, Baltimore; and John Rurah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Fourth edition, revised and enlarged. 467 pages. W. B. Saunders Company, Philadelphia and London. Cloth, \$1.50 net.

A new edition of this well known textbook will be welcomed by teachers and students alike. The subject of diet, especially of diet in disease, grows in importance each year. The article on diabetes has been largely rewritten and valuable diet lists are added. The section on infant feeding has been revised thoroughly. The book is an excellent up-to-date hand-book, giving the essentials of dietetics in a clear and definite manner.

**MY BIRTH.** The Autobiography of an Unborn Infant. By Armen-  
houie T. Lamson. The Macmillan Company, New York. Price,  
\$1.25.

As the author herself states, "This is a humble but daring nar-

rative which is based on the most up-to-date theories regarding the birth of Man." The autobiography is unique in style and treatment; readable, interesting. The young mother will find many of her questions, doubts, fears and hopes simply and clearly answered in an appealing and artless fashion.

**AMERICAN POCKET MEDICAL DICTIONARY.** Edited by W. A. Newman Dorland, M.D., editor American Illustrated Medical Dictionary. Tenth edition, revised and enlarged. 32mo of 707 pages. Flexible leather. W. B. Saunders Company, Philadelphia and London. Price, \$1.25; thumb index, \$1.50.

Since 1898, the Dorland Pocket Dictionary has been a useful and indispensable part of the equipment of a pupil nurse. In its present revised form not only is it of value to the undergraduate but, because of its completeness, it will supply the wants of the practicing physician. A special feature has been made of the many new terms brought out by the war.

**HUGHES PRACTICE OF MEDICINE,** Including a Section on Mental Diseases and One on Diseases of the Skin. Eleventh edition, revised and enlarged, by R. J. E. Scott, M.A., B.C.L., M.D., New York, with 63 illustrations. P. Blakiston's Son & Company, Philadelphia.

Hughes' Practice of Medicine deals with diagnosis and treatment particularly. That it has been a useful and popular hand-book is demonstrated by the recent publication of this eleventh edition. Any volume pertaining to medical science necessitates frequent changes, so, in this book important additions have been made to several chapters; new material on present day theory and treatment has been incorporated; and new articles with reference to recent medical discoveries have been included.

## OFFICIAL DIRECTORY

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